STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2008 016211

2008 MAR - 5 PM 1: 41

MICHAEL A. BROWN RECORDER

Acct# 200237798

TO:

Patient:

Return To:

Sarina Tomich
Sarina Tomich

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

	recorney.
184 Boardwalk	
Hebron, IN 46341	
1100117 111 10011	
December of Jaka County Tradition	T. N. D. C. T.
Recorder of Lake County, Indiana	Indiana Department of Insurance
Lake County Government Center	311 W. Washington Street
2293 North Main Street	Suite 300
Crown Point, Indiana 46307	
CIOWII IOIIIC, IIICIAIIA 40507	Indianapolis, Indiana 46204
IN 46402, intends to hold a Hospita	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, al Lien for all reasonable and necessary charges for nce of the above listed patient as follows:
1 ml	
	to the hospital on November 23, 2007
and was discharged from the hospital	
2. The amount due for hospi	tal care, treatment or maintenance during the
above hospitalization is One Thousan	nd Six Hundred Twenty Six 00/100
(\$ 1,626.00) Dollars.	ke County Recorder!
3. To the best of the Hospit	tal's knowledge, the patient or the patient's
legal representative claims that the	ne following named individuals and/or entities are
	e patient's illness or injury causing the hospital
	pacience by introces of injury causing the mospitar
stay:	
This Lien is being filed pursu	ant to the Hospital Lien Law, I.C. Section 32-33-4 in
the Office of the Recorder of the	County in which the Hospital is located, within one
hundred and eighty (180) days after	the patient was discharged from the Hospital. The
manared and ergity (100) days areer	the patient was discharged from the hospital. The
undersigned individual executing thi	s instrument, having been duly sworn upon oath, under
the penalties of perjury, hereby st	ates that the Hospital intends to hold the Hospital
Lien as described above and that	the facts and matters set forth in the foregoing
statement are true and correct.	Elokaria de la companya de la compan
esassimons are cras and correct.	THE METHODIST HOSPITALS, INC.
	11 By Ch nee Mark
STATE OF INDIANA)	Ja'Nee Martin
) ss:	VOLUM PROSE
COUNTY OF LAKE	
COUNTY OF DAKE	
T 7 / 17 / 1 / 1 / 1 / 1 / 1	
	a <u>Patient Representative</u> for The Methodist Hospitals,
Inc., being duly sworn upon oath, s	ays that the facts stated in the foregoing are true
and correct.	
	(2) Janu Martin
	par Nee Martin
	me, a Notary Public, this 18^{m} day of
Subscribed and sworn to before	me, a Notary Public, this N day of
Kebruary, 2008.	
- COTACOO, 2000.	- Susig Stone
M 0 1 1 5	
My Commission Expires:	Notary Public A Resident of Sale County
20 1 21 2 2	A Resident of Julia County
March 34, 2011	1
I affirm, under the penalties for p	jury, that I have taken reasonable care to redact
each social security number in this	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
each social security number in this to	ocument, ulless required by law.
mbia Tuatanant Daran and Dara	M C/c 14586
This Instrument Prepared By:	
//Clyde	/ L
6 8700	Proadway, Merrillville, IN 46410
i i	γ/ Υ \ \ ·
	M11
	Official Seal
	LISA STONE
	Resident of Lake County, IN
	My commission expires
	March 24, 2011
	A Company of the Comp