2008 046729

Bryant Walden Bryant Walden STATE OF MODIANA LANE COUNTY FILED FOR RECORD

2008 JUH 26 PH 4: 02

100193327

TO:

Patient:

MICHAEL A. BROWN RECORDER

1

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

Merrillville, IN 46410	
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
You are hereby notified that THE METHODI IN 46402, intends to hold a Hospital Lien fo hospital care, treatment or maintenance of the	
above hospitalization is Nine Hundred Thirty-I (\$ 938.00) Dollars.	treatment or maintenance during the Eight y Recorder. ledge, the patient or the patient's are individuals and/or entities are
the Office of the Recorder of the County in hundred and eighty (180) days after the patie undersigned individual executing this instrume the penalties of perjury, hereby states that Lien as described above and that the facts statement are true and correct. THE N STATE OF INDIANA	ent was discharged from the Hospital. The nt, having been duly sworn upon oath, under the Hospital intends to hold the Hospital
COUNTY OF LAKE) ss:	ationt Popperantative for The Methodist
I Angie Djukich , being a P Hospitals, Inc., being duly sworn upon oath, sare true and correct.	says that the facts stated in the foregoing And Duk (Ch) And Divkich
My Commission Expires: A Res Marcin 24, 2011	Notary Public Lake County
each social security number in this occupent y	ndt/I have taken reasonable care to redact inless required by law.
	On, Attorney at Law Merrillville, IN 46410
	Official Seal

