SINGE SKINDVALIA LARE COUNTY FILED FOR RECORD

2008 065260

2000 SEP 17 ATTIO: 06

MISHAEL A. BROWN RECORDER

100212143

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Jeron Jordan Jeron Jordan 4533 E 10th Ave	Attorney:		_
	Gary, IN 46408			
Lake County 2293 North Crown Point	f Lake County, Indiana y Government Center Main Street t, Indiana 46307	311 W Suite India	napolis, Indiana 46204	
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:				
above hosp: (\$ 1: 3. legal repr	To the best of the Hosp resentative claims that	at on August 17, pital care, treatmenous and Eight Hundren Records to the following name of the following name	ent or maintenance during the patient or the patient or the patient and/o	ient's are
<pre>liable for stay:</pre>	damages arising from t	he patient's ill	ness or injury causing	ng the hospital
This Lien is being filed pursuant 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 undersigned individual executing this instrument, having been duly sworn upon oath, under the penalties of perjury, hereby states 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.				
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STATE OF II	NDIANA)	(1) BY:	Angui gulica Angie pjukien	<u>, C </u>
COUNTY OF	LAKE)	WOOD AND THE		
Hospitals, are true a	Angie Djukich , Inc., being duly sworn nd correct.	$(2) \qquad \qquad \underline{\qquad}$	nat the facts stated i	n the foregoing
Subscribed and sworn to before me, a Notary Public, this and day of Siptember, 2008.				
My Commiss	ion Expires:	A Resident	Notary E	Public ounty
munch	24, 2011	A Resident		ouric y
	under the penalties for l security number in this		have taken reasonable required by law.	care to redact
This Instr	ument Prepared By:	regursi	- owner, at Tarr	Chi4988
	<i></i>	yde U. Compton, Att 00 Broadway, Merril	torney at Law Llville, IN 46410	160
			Official Seal LISA STONE Resident of Lake of My commission ex	