STATE OF INDIASIA LARE COUNTY FILED FOR RECORD

2008 065263

2008 SEP 17 AN 10: 06

MICHAEL A. BROWN RECORDER

100213672

TO:

Return To:

Jacob Scharber

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Jacob Scharber	Attorney:	
	3049 Cleveland		
	Hammond, IN 46323		
Danasalasa			
	E Lake County, Indiana / Government Center	Indiana Department of Insurance	
	Main Street	311 W. Washington Street Suite 300	
	Indiana 46307	Indianapolis, Indiana 46204	
010001 101110	inatana 40007	indianapolis, indiana 46204	
IN 46402.	intends to hold a Hosp	THE METHODIST HOSPITALS, INC., 600 Grant Street, (ital Lien for all reasonable and necessary charges nance of the above listed patient as follows:	Gary, ; for
1.		ed to the hospital on August 25, 2008 al on August 25, 2008	
2.		pital care, treatment or maintenance during the	
	talization is Four Tho	usand Four Hundred Thirty-One	
		ake County Recorder!	
3.		pital's knowledge, the patient or the patient's	
legal repre	esentative claims that	the following named individuals and/or entities	are
liable for	damages arising from	the patient's illness or injury causing the hosp	oital
stay:			
This	Lien is being filed pur	suant to the Hospital Lien Law, I.C. Section 32-33-	-4 in
the Office	of the Recorder of th	e County in which the Hospital is located, within	OD O
hundred and	d eighty (180) days aft	er the patient was discharged from the Hospital.	The
undersigned	l individual executing t	his instrument, having been duly sworn upon oath, u	ınder
the penalti	les of perjury, hereby	states that the Hospital intends to hold the Hosp	oital
Lien as de	escribed above and tha	t the facts and matters set forth in the foreg	joing
statement a	re true and correct.		
		THE METHODIST HOSPITALS, INC.	
		(1) BY: Unge such ich	
STATE OF IN	DIANA)	Angie Djukich	
) ss:	WOLANA J. Migre J. D. J. Williams	
COUNTY OF L	AKE)		
_			
	ngie Djukich ,	being a <u>Patient Representative</u> for The Metho	dist
Hospitals,	Inc., being duly sworn	upon oath, says that the facts stated in the foreg	joing
are true an	d correct.	(2) <u>Angie spus ich</u>	
		(2) unge gub ich	
Subsc	ribed and sworn to before	re me, a Notary Public, this day of	
	27, 2008.	re me, a Notary Public, this day of	
1/////		King Stone	
My Commissi	on Expires:	Notary Public	
March &	74, 30 11	A Resident of Lake County	
I affirm, u	, under the penalties for	periory that I have taken reasonable care to re-	doat
	security number in thi		uact
Phic Instru	ment Prepared By:	/// . / \	
11115 111501 01		vde D. Compton, Attorney at Law	
		00 Broadway, Merrillville, IN 46410	
		TT TO THE STATE OF	
		Land No. of Street, St	
		Official Seal	ĭ
		LISA STONE (SEAL)	ľ
		(SEAL) Resident of Lake County, IN My commission expires	1
		March %4, 2011	Ì