STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2008 066515

Lesha Joyce

2008 SEP 24 AM 9: 35

MICHAEL A. BROWN RECORDER

Attorney: ___

200326215

TO:

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Lesha Joyce	Attorney:
	3424 Pennsylvania St	
	Gary, IN 46407	
December of	Lake County, Indiana	Indiana Department of Insurance
Recorder or	Government Center	311 W. Washington Street
2293 North Main Street		Suite 300
Crown Point, Indiana 46307		Indianapolis, Indiana 46204
You a	are hereby notified that THE	METHODIST HOSPITALS, INC., 600 Grant Street, Gary, ien for all reasonable and necessary charges for of the above listed patient as follows:
and was dis 2. above hospi (\$\frac{1}{3}\$.	The patient was admitted to scharged from the hospital on The amount due for hospital talization is One Thousand States of the Hospital open tative claims that the	the hospital on August 30, 2008 August 30, 2008 care, treatment or maintenance during the Seven Hundred Eight s knowledge, the patient or the patient's following named individuals and/or entities are
<pre>liable for stay:</pre>	damages arising from the	patient's illness or injury causing 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.		
	(1)	BY: Ungle By UR ICh
STATE OF INDIANA)) ss:		
COUNTY OF I	LAKE)	
I I Hospitals, are true an	Inc., being duly sworn upon	g a <u>Patient Representative</u> for The Methodist oath, says that the facts stated in the foregoing Angle Drukich
Subscribed and sworn to before me, a Notary Public, this 15th day of		
My Commissi	ion Expires:	Notary Public
March a	24, 2011	A Resident of Lake County
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.		
This Instr	ument Prepared By: Clyde D 8700 Br	Chc 15010 Compton, Attorney at Law Oldway, Merrillville, IN 46410
	L	Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011