STATE OF INDIANA. LAKE COUNTY FILED FOR RECORD

2008 066520

Jerome Mack

Patient: Jerome Mack

2008 SEP 24 AM 9: 35

200328640

MICHAEL A. BROWN RECORDER

Return To:

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

22429 Clyde St Sauk Village, IL 604	
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 METHOD IN 46402, intends to hold a Hospital Lien for maintenance of the	IST HOSPITALS, INC., 600 Grant Street, Gary, or all reasonable and necessary charges for above listed patient as follows:
above hospitalization isTwo Thousand Nine Hu (\$\frac{1}{2},924.00	treatment or maintenance during the andred Twenty-Four wledge, the patient or the patient's ing named individuals and/or entities are at's illness or injury causing the hospital the Hospital Lien Law, I.C. Section 32-33-4 in which the Hospital is located, within one ient was discharged from the Hospital. The ent, having been duly sworn upon oath, under the Hospital intends to hold the Hospitals and matters set forth in the foregoing
STATE OF INDIANA)) ss: COUNTY OF LAKE)	Angig Djukich
I Angie Djukich , being a Hospitals, Inc., being duly sworn upon oath, are true and correct.	Patient Representative for The Methodist says that the facts stated in the foregoing Angle Djukichyn
Subscribed and sworn to before me, a Not September, 2008.	
My Commission Expires: March 24, 2011	esident of Lake County
I affirm, under the penalties for periody, teach social security number in this document,	
	Ck 15010 ton, Attorney at Law Merrillville, IN 46410 MS
	Official Seal LISA STONE Resident of Lake County, IN My commission expires March 2011