## 2009 032513

2005 No. 14 1. 2: 22

V00000020249

MOGILACE A HAROWN REGUNDER

Return To:

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

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Annette Robinson	
Patient:	Annette Robinson	Attorney:
	3914 Carie St	
	East Chicago, IN 4631.	2
Lake County	Lake County, Indiana Government Center	Indiana Department of Insurance 311 W. Washington Street
	Main Street  Indiana 46307	Suite 300
CLOWN POINT	., indiana 46307	Indianapolis, Indiana 46204
IN 46402,	intends to hold a Hospit	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, al Lien for all reasonable and necessary charges for ance of the above listed patient as follows:
1.		d to the hospital on March 11, 2009
	scharged from the hospital	
		ital care, treatment or maintenance during the and Nine Hundred Sixty-Eight and 75/100
3.		ital's knowledge, the patient or the patient's
legal repre	esentative claims that t	the following named individuals and/or entities are
stay:	damages arising from the	ne patient's illness or injury causing the hospital nent is the property of
-		
the Office	of the Recorder of the	uant to the Hospital Lien Law, I.C. Section 32-33-4 in County in which the Hospital is located, within one
nundred and undersigned	l individual executing th	r the patient was discharged from the Hospital. The is instrument, having been duly sworn upon oath, under
the penalti	ies of perjury, hereby s	tates that the Hospital intends to hold the Hospital
Lien as de	escribed above and that	the facts and matters set forth in the foregoing
statement a	re true and correct.	
		THE METHODIST HOSPITALS, INC.
STATE OF IN		(1) BY: CMOLL HURWN Angie Djukich
COUNTY OF L	AKE )	
	ngie Djukich , I	being a Patient Representative for The Methodist
Hospitals, are true an	Inc., being duly sworn und correct.	upon oath, says that the facts stated in the foregoing
		(2) (Inque of Lift ich) Angze Djukich
Subsc	ribed and sworn to before , 2009.	e me, a Notary Public, this 25th day of
CHAIR.		SEA Tim Stone
My Commissi	on Expires:	Notary Public  A Resident of Lake County
Much		A A Country
	under the penalties for security number in this	perjuly, that I have taken reasonable care to redact accument, unless required by law.
This Instru	ment Prepared By:	C/45455
	8700	de D. Compton, Attorney at Law  Broadway, Merrillville, IN 46410
		Official Seal
		LISA STONE  Resident of Lake County, IN  My commission expires  March 24, 2011