STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

## 2009 079969

2009 DEC -2 PM 1:15

100287457

Myra Kirksey Myra Kirksey

TO:

Patient:

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:

Gary, IN 46406	
Recorder of Lake County, Indiana Lake County Government Center	Indiana Department of Insurance 311 W. Washington Street
2293 North Main Street	Suite 300
Crown Point, Indiana 46307	Indianapolis, Indiana 46204
You are hereby notified that	t THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary,
	ital Lien for all reasonable and necessary charges for
	enance of the above listed patient as follows:
1. The patient was admitt	ted to the hospital on November 17, 2009
and was discharged from the hospit	cal on November 17, 2009 .
	spital care, treatment or maintenance during the
above hospitalization is <u>Two Thou</u> (\$ 2,083.50 ) Dollars	
	spital's knowledge, the patient or the patient's
legal representative claims that	the following named individuals and/or entities are
	the patient's illness or injury causing the hospital
stay:	
This Lien is being filed pur	rsuant to the Hospital Lien Law, I.C. Section 32-33-4 in
the Office of the Recorder of the	ne County in which the Hospital is located, within one
	ter the patient was discharged from the Hospital. The
	this instrument, having been duly sworn upon oath, under states that the Hospital intends to hold the Hospital
	at the facts and matters set forth in the foregoing
statement are true and correct.	
	THE METHODIST HOSPITALS, INC.
	(1) BY: Ungie Direction
STATE OF INDIANA )	Angle Djukich
COUNTY OF LAKE	
COUNTY OF LARE	
I Angie Djukich ,	being a <u>Patient Representative</u> for The Methodist
	upon oath, says that the facts stated in the foregoing
are true and correct.	(2) Ungie sjurich
	Andie Dividich
Subscribed and sworn to before	ore me, a Notary Public, this 34m day of
Movember, 2009.	Siza Store
My Commission Expires:	Notary Public
March 24, 2011	A Resident of Lake County
/	
	r perjury, that I have taken reasonable care to redact s document, unless required by law.
This Instrument Prepared By:	25) Chc 15866
	arle F. Hites, Attorney at Law  // / / / / / / / / / / / / / / / / /
8.	700 Broadway, Merrillville, IN 46410
	Official Seal
	LISA STONE

My commission expires
March 24, 2011