STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MICHELLE R. FAJMAN RECORDER

200457269

Return To:

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

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 tacks and matters set forth in the foregoing statement are true and correct. THE METHODIST HOSPITALS, TNC. STATE OF INDIANA SS: COUNTY OF LAKE I Angie Djukich Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) Mgu Aurich Aggie Djukich Subscribed and sworn to before me, a Notary Public, this and day of the facts of	<u>s</u>	WORN STATEMENT &	NOTICE OF INTENTION TO HOLD HOSPITAL LIEN
Recorder of Lake County, Indiana Lake County Government Center 2311 W. Washington Street Suite 300 Tradianapolis, Indiana 46204 You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital time for all nearonable and necessary charges for hospital care, treatment or maintenance of that that Inted patient as follows: 1. The patient was admitted to the hearts! for January 22, 2010 and was discharged from the Asspital on January 21, 2010 2. The amount dud far shepitalinants, the Interpretation of the patient's legal representative claims that the following name individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay: This Lien is being filed phrauatt 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, having been duly sworn upon cath, under the penalties of perjury, hereby states than, he Hospital intends to hold the Hospital Lien as described above and that the Ababia Med matters set forth in the foregoing statement are true and correct. 11. Angie Djukich , being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon cath, says that the facts stated in the foregoing are true and correct. 12. Angie Djukich , being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon cath, says that the facts stated in the foregoing are true and correct. 13. Angie Djukich , being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon cath, says that the facts stated in the foregoing are true and correct. 14. Angie Djukich , being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon cath, says that the facts stated in the foregoing are true and correct. 15. Angie Djukich		Tabatha Brooks 9121 Hayes St #10	7
IN 4602, intends to hold a Hospital iden for all seasonable and necessary charges for hospital care, treatment or maintenance of the hospital patient as follows: 1. The patient was admitted to the hospital polymber 22, 2010 2. The amount doff his Benitain care; treatment polymber 22, 2010 3. To the best of the Hospital we Hundred the Hospital and/or entities are liable for damages arising from the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay: 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 penaltics of porjury, hereby states than the Hospital intends to hold the Hospital Lien as described labove and that the books and matters set forth in the foregoing statement are true and correct. STATE OF INDIANA 1	Lake County 2293 North	f Lake County, Indian y Government Center Main Street	Indiana Department of Insurance 311 W. Washington Street Suite 300
and was discharged from the hospital on January 22, 2010 2. The amount out hos beginal cares treatment per meintenance during the above hospitalization is Two Thousand Two Hundred twenty-Five (\$\frac{3}{2},225.00\$ 3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay: 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 Bospital. 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 table and matters set forth in the foregoing statement are true and correct. STATE OF INDIANA I Angie Djukich , being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) Subscribed and sworn to before me, a Notary Public, this State County My Commission Expires: 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 scument, unless required by law. This Instrument Prepared By: Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410	IN 46402,	intends to hold a H	ospital Lien for all reasonable and necessary charges for
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 thous and matters set forth in the foregoing statement are true and correct. THE METHODIST HOSPITALS, INC. STATE OF INDIANA) ss: COUNTY OF LAKE I Angie Djukich Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) My Commission Expires: 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 secument, unless required by law. This Instrument Prepared By: Earle F. Hites, Attorney at Law 8700 Broadway, Metrillville, IN 46410	and was diagram 2. above hosp (\$ 2 3. legal repr liable for	The amount duel for italization is Two T,225.00) Doll To the best of the esentative claims the	hospital on January 22, 2010. hospital care, treatment or maintenance during the housand Two Hundred Twenty-Five drs. Hospital's knowledge, the patient or the patient's hat the following named individuals and/or entities are
STATE OF INDIANA) ss: COUNTY OF LAKE I Angie Djukich , being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) Subscribed and sworn to before me, a Notary Public, this Subscribed and sworn to before me, a Notary Public, this Subscribed and sworn to before me, a Notary Public, this Subscribed and sworn to before me, a Notary Public, this Subscribed and sworn to before me, a Notary Public, this Subscribed and sworn to before me, a Notary Public, this Subscribed and sworn to before me, a Notary Public, this Subscribed and sworn to before me, a Notary Public, this Subscribed and sworn to before me, a Notary Public, this Subscribed and sworn to before me, a Notary Public 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 occument, unless required by law. This Instrument Prepared By: Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410	the Office hundred an undersigned the penalt Lien as d	of the Recorder of d eighty (180) days d individual execution ies of perjury, here escribed above and	the County in which the Hospital is located, within one after the patient was discharged from the Hospital. The fig this instrument, having been duly sworn upon oath, under by states that the Hospital intends to hold the Hospital that the facts and matters set forth in the foregoing
I Angie Djukich , being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) Mgu Murich Algie Djukich and sworn to before me, a Notary Public, this Stated in the foregoing are true and correct. (2) Mgu Murich Algie Djukich and sworn to before me, a Notary Public, this Stated in the foregoing are true and correct. (3) Mgu Murich Algie Djukich and sworn to before me, a Notary Public, this Stated in the foregoing are true and correct. (4) Mgu Murich Algie Djukich and sworn to before me, a Notary Public, this Stated in the foregoing are true and correct. (5) Mgu Murich Algie Djukich and sworn to before me, a Notary Public, this Stated in the foregoing are true and correct. (6) Mgu Murich Algie Djukich and sworn to before me, a Notary Public, this Stated in the foregoing are true and correct. (7) Mgu Murich Algie Djukich and sworn to before me, a Notary Public, this Stated in the foregoing are true and correct. (8) Mgu Murich Algie Djukich and sworn to before me, a Notary Public, this Stated in the foregoing are true and correct. (8) Mgu Murich Algie Djukich and sworn to before me, a Notary Public, this Stated in the foregoing are true and correct. (9) Mgu Murich Algie Djukich and sworn to before me, a Notary Public, this Stated in the foregoing are true and correct. (9) Mgu Murich Algie Djukich and sworn to before me, a Notary Public, this Stated in the foregoing are true and correct. (10) Mgu Murich Algie Djukich and sworn to before me, a Notary Public, this Stated in the foregoing are true and correct and sworn to before me, a Notary Public Algie Djukich and sworn to before me, a Notary Public Algie Djukich and sworn to before me, a Notary Public Algie Djukich and sworn to before me, a Notary Public Algie Djukich and sworn to before me, a Notary Public Algie Djukich and sworn to before me, a Notary Public Algie Djukich and sworn to before me, a Notary Public Algie Djukich and sworn to before me, a) ss:	(1) BY: angue spurich
My Commission Expires: Notary Public 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 ocument, unless required by law. This Instrument Prepared By: Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410	I_ Hospitals, are true an	Angie Djukich Inc., being duly swond correct.	(2)
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 Instrument Prepared By: Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410	February	<u>/</u> , 2010.	Luisa Sterile
each social security number in this occument, unless required by law. This Instrument Prepared By: Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410			Notary Public
Official Seal	each social	l security number in	Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410

