STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

## 2010 011745

2018 MAR -3 PM 1: 20

100303451

MICHELLE R. FAJMAN RECORDER

Return To:

Hodges & Davis, P.C.

## 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Darian Gibbons Darian Gibbons 7143 Shrewsberry Li Indianapolis, IN 4		ey:		
Lake County 2293 North 1	Lake County, Indiana Government Center Main Street , Indiana 46307	3	Indiana Departme 311 W. Washingto Suite 300 Indianapolis, In	on Street	ce
IN 46402, i	re hereby notified the ntends to hold a Hostre, treatment or main	spital Lien for	all reasonable	and necessary	charges for
above hospi (\$ 85 3. legal repre	The patient was admicharged from the hosp The amount due for he talization is Eight 8.00 Dollars To the best of the He sentative claims that damages arising from	ital on Februar ospitalecare; tre Hundred Fifty-Eig ospital's knowled t the following	ex 08, 2010 eatment or maint wht kecorder: dge, the patient named indivi	enance during t or the patie	the nt's entities are
the Office hundred and undersigned the penalti Lien as de	Lien is being filed property (180) days a individual executing es of perjury, hereb scribed above and tre true and correct.	the County in what the the patient the patient this instrument y states that the facts	nich the Hospit was discharge , having been d ne Hospital int	al is located d from the Holuly sworn upo ends to hold t forth in t	d, within one ospital. The n oath, under the Hospital
STATE OF IN	) ss:	BY BY ANDIANA	Angie Dju	gurich  akitch	
	Inc., being duly swor	, being a <u>Pat</u> on upon oath, say			
February	ribed and sworn to be $\int_{-\infty}^{\infty}$ , 2010.		y Public, this _	day of	
My Commissi <i>NXUCha</i>	· .		dent of Lake	Notary Pub Coun	
I affirm, we each social	under the penalties f security number in t ment Prepared By:				
2110024		Earle F. Hites, A 8700 Broadway, Me			11-1 RM
			67	Official ea	Country (A)