STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 011748

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100303708

TO:

MICHELLE R. FAJMAN RECORDER

Desiree Lewis

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Desiree Lewis	Attorney:
	1015 W 21st Ave	
	Gary, IN 46407	
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
IN 46402,	intends to hold a Ho	at THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, spital Lien for all reasonable and necessary charges for tenance of the above listed patient as follows:
above hospi (\$ 3, 1egal representation)	The amount due for I talization is Three 168.00) Dollar to the best of the Besentative claims the	ital on February 09, 2010 ital on February 09, 2010 ospital care, treatment or maintenance during the Thousand One Hundred Sixty-Eight rs. ospital's knowledge, the patient or the patient's ospital's knowledge, the patient or the patient's are not the patient's illness or injury causing the hospital
the Office hundred and undersigned the penalt: Lien as do	of the Recorder of d eighty (180) days d individual execution ies of perjury, herel	oursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within one after the patient was discharged from the Hospital. The this instrument, having been duly sworn upon oath, under by states that the Hospital intends to hold the Hospital hat the facts and matters set forth in the foregoing
STATE OF IN) ss: \	(1) BY: Angie Dinkich
_	Inc., being duly swo	, being a <u>Patient Representative</u> for The Methodist on upon oath, says that the facts stated in the foregoing (2) Angle (Djukich
4 (D) (UC, UC, UC, UC, UC, UC, UC, UC, UC, UC,	cribed and sworn to be 4^{-} , 2010. Lon Expires: $6 24,2011$	fore me, a Notary Public, this Dn/ day of Store Notary Public A Resident of Lake County
I affirm, each social	under the penalties security number in	for perjury, that I have taken reasonable care to redact his document, unless required by law.
This Instru	nment Prepared By:	Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410
		Official Seal LISA STONE Resident of Lake County 'N Resident of Lake County 'N