PIL OF INDIANA. LAKE COUNTY FILED FOR RECORD

2010 015439

2010 MAR 17 PH 1: 18

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TO:

MICHELLE IL PAUMAN RECORDER

Jessica Blue

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

Patient:	Jessica Blue	Attorney:	
	5600 Johnson St		
	Merrillville, IN	46410	
Lake County 2293 North	Lake County, Indian Government Center Main Street , Indiana 46307	Indiana Department of 311 W. Washington Str Suite 300 Indianapolis, Indiana	reet
IN 46402, i	intends to hold a Ho	hat THE METHODIST HOSPITALS, INC., 60 ospital Lien for all reasonable and renance of the above listed patient a	necessary charges for
2. above hospi (\$ 8, 3. legal repre	charged from the hos The amount due for talization is <u>Eight</u> 370.53) Doll To the best of the esentative claims the	itted to the nospital on February 14, pital on February 14, 2010. hospital care, treatment or maintenance. Thousand Three Hundred Seventy and 53 ars. Hospital's knowledge, the patient or the tast the following named individuals on the patient's illness or injury	te during the 100 he patient's and/or entities are
the Office hundred and undersigned the penalti Lien as de	of the Recorder of deighty (180) days individual executing es of perjury, here	THE METHODIST HOSPITALS, IN	the Hospital. The worn upon oath, under to hold the Hospital th in the foregoing
STATE OF IN) ss:	(1) BY: Ungu Ajus Angie Djukich	rich
Hospitals,	gie Djukich Inc., being duly swo d correct.	, being a <u>Patient Representative</u> orn upon oath, says that the facts sta	
17141CK	, 2010.	efore me, a Notary Public, this <u>Incl</u>	
	on Expires:	A Resident of <u>Lake</u>	tary Public County
I affirm, ι	under the penalties	for perjury, that I have taken reasonthis document, unless required by law.	,
This Instru	ment Prepared By:	Earle F. Hites, Fitorney at Law 8700 Broadway, Merrillville, IN 46410	Ck 16084 11- R V
			Difficial Seal LISA STONE Resident of Lake County of My commission expire Mark 4, 2011