LAKE COUNTY FILED FOR RECORD

2010 015441

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TO:

MICHELLE RESUMAN RECORDER

Darriell L Watkins

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

Patient:	Darriell L Watki	ns_ Attorney:
	352 Durbin St Gary, IN 46406	<u> </u>
	Gary, IN 46406	
	Lake County, Indian	
_	Government Center	311 W. Washington Street
	Main Street	Suite 300
Crown Point	, Indiana 46307	Indianapolis, Indiana 46204
IN 46402,	intends to hold a Ho	hat THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, espital Lien for all reasonable and necessary charges for ntenance of the above listed patient as follows:
2.	charged from the hos The amount due for	itted to the hospital on January 28,2010 pital onJanuary 28,2010 hospital care, treatment or maintenance during the
above hospi	talization is One T	housand Seven Hundred Forty and 50/100
(\$ 1 <u>,</u> 3.	740.50) Doll	ars Lake County Recorder!
legal repre	esentative claims th	Hospital's knowledge, the patient or the patient's at the following named individuals and/or entities are on the patient's illness or injury causing the hospital
-		
the Office hundred and undersigned	of the Recorder of d eighty (180) days individual execution	pursuant 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 g 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
	re true and correct.	
STATE OF IN) ss:	the methodist hospitals, inc. BY: Angie bjukich
COONII OF L	IAILE)	
	ingie Djukich	_, being a <u>Patient Representative</u> for The Methodist orn upon oath, says that the facts stated in the foregoing
are true an		
a10 0140 a		(2) <u>Angre Drikich</u>
		Angle Djølich
		efore me, a Notary Public, this and day of
Maich	, 2010.	Luig Stone
My Commissi	on Expires:	Notary Public
March	24,2011	A Resident of <u>Lake</u> County
		for perjury, that I have taken reasonable care to redact this document, unless required by law.
This Instru	ment Prepared By:	Earle F. Hites, Attorney at Law
		8700 Broadway, Merrillville, IN 46410
		Official Seal LISA STONE Resident of Lake County (M) My compagation experiences
		March 24, "C11