## 2010 016022

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 HAR 19 PH 1: 12

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Return To:

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

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	David Villanueva	
Patient:	David Villanueva	Attorney:
	8400 Burr St	
	Crown Point, IN 46	307
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
Crown Point	, indiana 46307	indianapoiis, indiana 46204
IN 46402, shospital call and was dis 2. above hospi	intends to hold a Hos re, treatment or main The patient was admi charged from the hosp The amount due for h talization is <u>Eight</u>	at THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, poital Lien for all reasonable and necessary charges for tenance of the above listed patient as follows:  Little to the hospital on December 09, 2009  Lital on December 10, 2009  Despital care, treatment or maintenance during the lundred Forty-Three and 25/100
(\$ 84	3.25 Dollars	
legal repre	esentative claims tha	ospital's knowledge, the patient or the patient's the following named individuals and/or entities are the patient's illness or injury causing the hospital
the Office hundred and undersigned the penalti Lien as de	of the Recorder of deighty (180) days a individual executing es of perjury, hereb	ursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within one fter the patient was discharged from the Hospital. The this instrument, having been duly sworn upon oath, under y states that the Hospital intends to hold the Hospital hat the facts and matters set forth in the foregoing
		THE METHODIST HOSPITALS, INC.
STATE OF IN		(1) BY: Angie Djukich
COUNTY OF L	AKE ) ss: \	
		, being a <u>Patient Representative</u> for The Methodist on upon oath, says that the facts stated in the foregoing  (2)  Angle Djukich  fore me, a Notary Public, this day of
Subsc _ <i>Manch</i>	ribed and sworn to be, 2010.	fore me, a Notary Public, this day of
My Commissi	on Expires:	Notary Public
March	24,2011	A Resident of <u>Lake</u> County
		or perjury, that I have taken reasonable care to redact his document, unless required by law.
This Instru		Earle F. Hites, Attorney at Law
		8700 Broadway, Merrillville, IN 46410
		Official Seal



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