2010 016025

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 MAR 19 PM 1: 12

100307290

TO:

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: Alayna Newsome		
Patient: Alayna Newsome	Attorney:	
7007 Forrest Ridg	•	
Schererville, IN	463/5	
Recorder of Lake County, India:	na Indiana	Department of Insurance
Lake County Government Center	311 W. W	Jashington Street
2293 North Main Street	Suite 30	
Crown Point, Indiana 46307	Indianap	polis, Indiana 46204
	Hospital Lien for all rea intenance of the above lis	
2. The amount due for	hospital care, treatment	or maintenance during the
above hospitalization is <u>Two</u> (\$ 2,709.53) Dol	<u>Thousand Seven Hundred Nin</u>	e and 53/100
3. To the best of the	Hospital's knowledge, the	patient or the patient's
legal representative claims t	hat the following named	individuals and/or entities are
	om the patient's illnes	ss or injury causing the hospital
stay:		
the Office of the Recorder of hundred and eighty (180) days undersigned individual executi the penalties of perjury, her	the County in which the after the patient was ding this instrument, having eby states that the Hospi that the facts and mat. THE METHODIST	g been duly sworn upon oath, under ital intends to hold the Hospital ters set forth in the foregoing HOSPITALS, INC.
STATE OF INDIANA	(1) BY;	Engle Djukich
) ss:		Angle Djukich
COUNTY OF LAKE)		
are true and correct.		epresentative for The Methodist the facts stated in the foregoing and August Marie Plukich
march, 2010.	Subg Stor	
My Commission Expires:		Notary Public
manch 24, 2011	A Resident of	<u>Lake</u> County
I affirm, under the penalties each social security number in	for perjury, that I have this document, unless req	e taken reasonable care to redact quired by law.
This Instrument Prepared By:		7 (le 11,096)
	Earle F. Hites, Attorney	2 at Law 115
	8700 Broadway, Merrillvi	lle, IN 46410 B3

