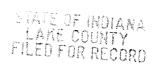
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MICHELLE R. FAJMAN RECORDER

Return To:

Elizabeth Blackwell

Patient: Elizabeth Blackwell

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

26 Harrison St #1 Hobart, IN 46342	
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
You are hereby notified that IN 46402, intends to hold a Hosp hospital care, treatment or mainte	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, ital Lien for all reasonable and necessary charges for mance of the above listed patient as follows:
and was discharged from the hospit 2. The amount due for hos above hospitalization is One Thou (\$ 1,289.50) Dollars 3. To the best of the Hospitalization is the Hospitalization is One Thou	spital care, treatment or maintenance during the usand Two Hundred Eighty-Nine and 50/100 s. spital'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 of the Rec <mark>order of</mark> th hundred and eighty (180) days af undersigned individual executing t the penalties of perjury, hereby	resuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within one ter the patient was discharged from the Hospital. The this instrument, having been duly sworn upon oath, under states that the Hospital intends to hold the Hospital at the facts and matters set forth in the foregoing THE METHODIST HOSPITALS, INC. (1) BY: Angle Diakich
COUNTY OF LAKE	The Digital Digital Control of the C
	being a Patient Representative for The Methodist upon oath, says that the facts stated in the foregoing (2) Angle Dukich
Subscribed and sworn to beform 7000, 2010.	ore me, a Notary Public, this day of
My Commission Expires:	Notary Public A Resident of Lake County
march 24, 2011	A Resident of <u>Lake</u> County
	r perjury, that I have taken reasonable care to redact s document unless required by law.
	Cle 16096 Arle F. Hites, Attorney at Law 700 Broadway, Merrillville, IN 46410 83

