## 2010 016033

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 MAR 19 PM 1:13

100306113

Patient:

MICHELLE R. FAJMAN RECORDER

Return To:

Dora Zepeda Dora Zepeda

2014 Indianapolis Blvd

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

Attorney:

willting, in 46394	
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
IN 46402, intends to hold a Hohospital care, treatment or main	hat THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, spital Lien for all reasonable and necessary charges for atenance of the above listed patient as follows:
and was discharged from the hosp  2. The amount due for	oital on February 22, 2010  oital on February 22, 2010  nospital care, treatment or maintenance during the
(\$ 1,353.50 ) Dolla	nousand Three Hundred Fifty-Three and 50/100 ars. Hospital's knowledge, the patient or the patient's
legal representative claims th	at the following named individuals and/or entities are m the patient's illness or injury causing the hospital
the Office of the Recorder of hundred and eighty (180) days undersigned individual executin the penalties of perjury, here	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
200000000000000000000000000000000000000	THE METHODIST HOSPITALS, INC.
	(1) BY A Ungie Auf ich Angie Djuktch
STATE OF INDIANA ) ) ss:	Angie Djukich
COUNTY OF LAKE )	
I Angie Djukich Hospitals, Inc., being duly swo are true and correct.	, being a <u>Patient Representative</u> for The Methodist rn upon oath, says that the facts stated in the foregoing
	(2) (Mgy Djykich
Subscribed and sworn to be	efore me, a Notary Public, this day of
My Commission Expires:	Notary Public
March 24,2011	A Resident of Lake County
I affirm, under the penalties each social security number in	for perjury, that I have taken reasonable care to redact this document unless required by law.
This Instrument Prepared By:	Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410
	Official Seal LISA STONE LISA STONE May Official Seal Ma