2010 016415

STATE OF INDIANA LAKE COUNTY FILED FOR REC<mark>OR</mark>D

2010 MAR 23 PM 1: 17

MICHELLE R. FAJMAN RECORDER

100308853

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Jermaine Jermaine 526 Dall Gary, IN	Estes as St	Attor	ney:			
Recorder of Lake County 2293 North Crown Point	Governmen Main Stree	nt Center et		Indiana Depar 311 W. Washin Suite 300 Indianapolis,	igton Street	t	
IN 46402,	intends to re, treatm	hold a Honest or main	ospital Lien for ntenance of the a	all reasonab bove listed p	le and nec	Grant Street, Garges for follows:	y, or
2. above hospi	charged fr The amoun	com the hos	itted to the hosp pital on <u>March</u> hospital care tr Hundred Sixteen	105 propert20	101	during the	
3. legal repre	To the beesentative	est of the claims th	Hospital's knowle at the following	g named ind	ividuals an	patient's nd/or entities a using the hospit	
the Office hundred and undersigned the penalti	of the Red eighty (I individuation of perescribed a	ecorder of 180) days al executin jury, here above and	the County in wafter the patieng this instrument by states that that the facts	which the Hospit was discharged to the Hospital and matters THODIST HOSPI	pital is larged from a duly swor intends to set forth	rn upon oath, und hold the Hospit in the foregoi	ne he ler al
STATE OF IN)) ss:)	(1) BY AND	Angle	l Aluk (Djukjich	ich	
********		ng duly swo	orn upon oath, sa		facts state	for The Methodied in the foregoi	
	ribed and, 2010.		efore me, a Notar	Angie ry Public, thi <i>Way Stone</i>	ls 13/100 (day of	
My Commissi Murch	*			dent of	Nota:	ry Public _ County	
I affirm,	under the	penalties	for perjury, tha this document, ur	nt I have tak nless required	ten reasonal	ble care to reda	.ct
This Instru	ıment Prepa	ared By:	Earle F. Hites, 8700 Broadway, M			<u>Ch 16101</u> 11-	
					Official S	Seal	



