STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 042316

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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: Daniel Spaliaras Patient: Daniel Spaliaras 8407 Golden Rod Ct Merrillville, IN	
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 Ho	hat THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, spital Lien for all reasonable and necessary charges for ntenance of the above listed patient as follows:
and was discharged from the hosp 2. The amount due for habove hospitalization is One That (\$\frac{1}{414.00}\$) Dollars 3. To the best of the haber representative claims that	tited to the hospital on June 20, 2010 poital on June 20, 2010 nospital care, treatment or maintenance during the nousand Four Hundred Fourteen ars. Hospital's knowledge, the patient or the patient's at the following named individuals and/or entities are must the patient's illness or injury causing the hospital
the Office of the Recorder of hundred and eighty (180) days undersigned individual executing the penalties of perjury, herek	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 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
	THE METHODIST HOSPITALS, INC.
STATE OF INDIANA)	(1) BY: Angle Djukich
COUNTY OF LAKE) ss:	
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) Angie Djukich fore me, a Notary Public, this 12 day of
- July , 2010.	Auso Stone
My Commission Expires:	Notary Public A Resident of <u>Lake</u> County
I affirm, under the penalties :	for perjury, that I have taken reasonable care to redact his document, unless required by law.
This Instrument Prepared By:	Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410
	Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011