STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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2010 JUL 21 PM 1:18

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TO:

MICHELLE R. FAJMAN RECORDER

Return To:

Charles Blanchard, Jr

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Charles Blanchard, Jr Attorney:
	6006 Hemlock Ave. #203 Gary, IN 46403
Lake County 2293 North Crown Point	Indiana Department of Insurance Government Center Main Street Main Additional Management of Insurance Suite 300 Indiana 46307 Indiana 46204
TNI 46402	are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, intends to hold a Hospital Lien for all reasonable and necessary charges for are, treatment or maintenance of the above listed patient as follows:
2. above hosp.	The patient was admitted to the hospital on June 23, 2010 scharged from the hospital on June 23, 2010 The amount due for hospital care, treatment or maintenance during the italization is One Thousand Six Hundred Seventy, 670.00 Dollars. To the best of the Hospital's knowledge, the patient or the patient's
least rong	To the best of the Hospital's knowledge, the patient or the patient's resentative claims that the following named individuals and/or entities are damages arising from the patient's illness or injury causing the hospital
the Office hundred an undersigne the penalt Lien as of	Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in e of the Recorder of the County in which the Hospital is located, within one and eighty (180) days after the patient was discharged from the Hospital. The dindividual executing this instrument, having been duly sworn upon oath, under ties of perjury, hereby states that the Hospital intends to hold the Hospital described above and that the facts and matters set forth in the foregoing are true and correct. THE METHODIST HOSPITALS, INC.
STATE OF I) ss:
Hospitals,	Angie Djukich , being a <u>Patient Representative</u> for The Methodist Inc., being duly sworn upon oath, says that the facts stated in the foregoing and correct. (2) Angie Djukich Angie Djukich
My Commiss	Scribed and sworn to before me, a Notary Public, this 12 m day of Lake Notary Public A Resident of Lake County
T affirm	under the penalties for perjury, that I have taken reasonable care to redact al security number in this document, unless required by law.
This Inst	rument 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