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MIGHT REUGRIDER

# 200526059, 200534387

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

TO: Patient:	Modiesta H Dillo Modiesta H Dillo 127 W 35th Ave #B Gary, IN 46408	n Attorney	<i>7</i> :
Lake County 2293 North Crown Point	Lake County, Indian Government Center Main Street , Indiana 46307	311 Sui Inc	diana Department of Insurance 1 W. Washington Street ite 300 dianapolis, Indiana 46204
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:			
above hospi (\$ 23 3. legal repressible for stay:	charged from the hos The amount due for talization is Twent, 111.71 ) Dol To the best of the esentative claims the damages arising from	pital on <u>September</u> nospital care, treated the <u>September of Thousand One</u> lars. Hospital's knowledge at the following report the patient's in the patient's i	e, the patient or the patient's are illness or injury causing the hospital
This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been duly sworn upon oath, under the penalties of perjury, hereby states that the Hospital intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.			
			DDIST HOSPITALS, INC.
STATE OF IN	) ss:	(1) BY:	ingil Divich
COUNTY OF L	AKE )		
I Angie Djukich , being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.  (2)  Angie Djukich   Angie Djukich     Angie Djukich    Angie Djukich     Angie Djukich    Angie Djukich    Angie Djukich     Angie Djukich    Angie Djukich    Angie D			
Subscribed and sworn to before me, a Notary Public, this 27th day of Symbol, 2010.			
My Commissi	on Expires:	A Resider	Notary Public nt of Lake County
manch	24,2011	A Kesidei	it of have country
I affirm, weach social	under the penalties security number in	for perjury, that this document, unles	I have taken reasonable care to redact ss required by law.
This Instru	ment Prepared By:	Earle F. Hites, Att	rillville, IN 46410
			Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011

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