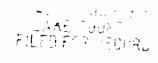
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	Retur	n To: Hodges	& Davis, P.C.		
S	WORN STATEMENT &		<u>-</u> ·	lville, IN 46410 HOSPITAL LIEN)
TO: Patient:	Hattie Cotton Hattie Cotton 8028 S Vernon Av Chicago, IL 6061		ney:		
Lake County 2293 North	f Lake County, India y Government Center Main Street t, Indiana 46307		Indiana Department 311 W. Washington Suite 300 Indianapolis, Ind	Street	
IN 46402,	are hereby notified intends to hold a are, treatment or ma	Hospital Lien for	all reasonable a	nd necessary char	_
above hosp: (\$ 1! 3. legal repr	scharged from the ho	r hospital care, tr teen Thousand Eight ollars. e Hospital's knowle that the following	er 11, 2010 eatment or mainter Hundred Fifty and dge, the patient named individu	nance during the d 75/100 or the patient's lals and/or entite	
the Office hundred an undersignethe penalt	Lien is being file of the Recorder of deighty (180) day dindividual executies of perjury, he lescribed above and are true and correc	of the County in was after the patiend ing this instrument reby states that the facts	hich the Hospital t was discharged , having been du he Hospital inter	l is located, wi from the Hospita ly sworn upon oat nds to hold the forth in the f	thin one al. The h, under Hospital
		(1) BY:	An (L)	Druk wh	
STATE OF I		(1)	Angie Dju	kiah	
COUNTY OF) ss: LAKE)				
Hospitals, are true a	Angie Djukich Inc., being duly s nd correct. cribed and sworn to	(2) before me, a Notar	ys that the facts Angie Dju y Public, this	s stated in the f	
	ion Expires:	*	k-3400	Notary Public	
-	1 24 200	A Resi	dent ofLake_	•	
I affirm,	under the penaltie l security number i ument Prepared By:	Earle F. Hites, 8700 Broadway, M AMOUNT\$ CASHCHARGE_ CHECK#_//6760/ OVERAGE_ COPY	less required by	law.	o redact
		NON-COM			

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