STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 075876

2010 DEC 22 PM 1: 44

MICH RECORDER

Return To:

200559091

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Reginald Hotchkin	S	
Patient:	Reginald Hotchkin	Attorney:	
	2207 Carolina St		
	Gary, IN 46407		
	Lake County, Indian		na Department of Insurance
Lake County	Government Center		N. Washington Street
	Main Street	Suite	
Crown Point	, Indiana 46307	India	napolis, Indiana 46204
IN 46402, j	intends to hold a Ho	ospital Lien for all	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
1.	The patient was adm	itted to the hospital	on November 18, 2010
and was dis	charged from the hos	pital on <u>November 18</u>	<u>,2010</u> .
2.	The amount due for	hospital care, treatme	nt or maintenance during the
(\$ 3,	550.50) Doll	Thousand Five Hundred	Fifty and 50/100
3. legal repre	To the best of the essentative claims the	Hospital's knowledge, nat the following name	the patient or the patient's ed individuals and/or entities are ness or injury causing the hospital
the Office hundred and undersigned the penalti Lien as de	of the Recorder of eighty (180) days individual executin es of perjury, here	the County in which after the patient was g this instrument, have by states that the Ho	tal Lien Law, I.C. Section 32-33-4 in the Hospital is located, within one discharged from the Hospital. The ring been duly sworn upon oath, under ospital intends to hold the Hospital matters set forth in the foregoing
		THE METHODI	ST_HOSPITALS, INC.
STATE OF IN	ר ד א א ז א	(1) BY:	Angie Djokich
STATE OF IM			Angle Dj g kich
COUNTY OF LA) ss:		
	,		
	Inc., being duly swo	, being a Patient orn upon oath, says th (2)	Representative for The Methodist at the facts stated in the foregoing
December	ribed and sworn to be	efore me, a Notary Pub.	Angie Djukich day of
My Commissio	on Expires:	_()W.G.	Notary Public
Marcha	24,2011	A Resident	of <u>Lake</u> County
I affirm, u each social	nder the penalties security number in t	for perjury, that I h	have taken reasonable care to redact required by law.
This Instrum	ment Prepared By:		
		Earle F. Hites, Attorn	ney at Law
11011	NT\$	8700 Broadway, Merril	lville, IN 46410

AMOUNT \$ CHARGE CASH CHECK # 16754 CHECK # 16754 COPY NON-COM CLERK

Official Seal
LISA STONE
Resident of Lake County, IN
My commission expires
March 24, 2011