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MICHELER FAJMAN RECORDER

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Ebony Bates			
Patient:	Ebony Bates Attorn		∍γ:	
	4928 Ivy St			-
	East Chicago, IN	46312		-
Lake County 2293 North	E Lake County, Indian y Government Center Main Street L, Indiana 46307		Indiana Department of Insura 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204	ance
IN 46402,	intends to hold a H	that THE METHODIST Tospital Lien for	HOSPITALS, INC., 600 Grant all reasonable and necessa bove listed patient as follow	ry charges for
2. above hospi	scharged from the hos	spital on <u>Novemb</u> hospital care, tr <u>Hundred Sixty-Th</u>	eatment or maintenance during	
3. legal repr liable for stay:	To the best of the esentative claims t	Hospital's knowle	dge, the patient or the pati named individuals and/or illness or injury causing	entities are
the Office hundred and undersigned the penalt. Lien as de	of the Recorder of d eighty (180) days d individual executin ies of perjury, here	the County in wanter the patient of the this instrument aby states that the facts	Hospital Lien Law, I.C. Sect hich the Hospital is located t was discharged from the t, having been duly sworn up he Hospital intends to hole and matters set forth in	ed, within one Hospital. The on oath, under d the Hospital the foregoing
STATE OF IN) ss:	(1) BY:	Angle Djukich	<u>h</u>
COUNTI OF I	ANE)			
	Inc., being duly sw	orn upon oath, sa	rient Representative for ys that the facts stated in Angle Djukich	The Methodist the foregoing
Pecinb	cribed and sworn to k \mathcal{L}_{\perp} , 2010.	pefore me, a Notar	y Public, this day o	
My Commissi	on Expires:		59 Stone Notary Pu	ıblic
march	24, 2011_	A Resid	dent of <u>Lake</u> Cou	inty
I affirm, each social	under the penalties security number in	for perjury, that this document, un	t I have taken reasonable less required by law.	care to redact
This Instru	ment Prepared By:	Earle F. Hites,	Attorney at Law	· · · · · · · · · · · · · · · · · · ·

AMOUNT \$ CASH-

CHECK# OVERAGE COPY-NON-COM. CLERK.

8700 Broadway, Merrillville, IN 46410 Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011 (SEAL)