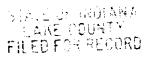
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2010 DEC 30 PM 2: 57

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

<u>s</u>	WORN STATEMENT	NOTICE OF	INTENTION	TO HOLD HOSPIT	AL LIEN
TO: Patient:	Victor Karbowski Victor Karbowski 316 Harrison Ave Hobart, IN 46342	Jr	Attorney:		
Lake County 2293 North	Lake County, Indi Government Center Main Street L, Indiana 46307		311 W. N Suite 3	Department of In Washington Street 00 polis, Indiana 46	
IN 46402,	are hereby notified intends to hold a are, treatment or m	Hospital Lie	en for all rea	asonable and nece	Frant Street, Gary, essary charges for Follows:
2. above hospi (\$ 89 3. legal repr	scharged from the h The amount due fo italization is <u>Eig</u> 90.75) Doli To the best of th esentative claims	ospital on _ r hospital ca ht Hundred Ni ars. e Hospital's that the fo	November 06, are, treatment inety and 75/1 knowledge, th llowing named	2010 . or maintenance d 00 e patient or the individuals an	during the
the Office hundred and undersigned the penalt Lien as d	of the Recorder d eighty (180) day d individual execut ies of perjury, he	of the Count is after the ling this ins ereby states d that the	y in which the patient was of trument, having that the Hosp facts and ma	ne Hospital is lo discharged from t ng been duly swor pital intends to	Section 32-33-4 in ocated, within one the Hospital. The n upon oath, under hold the Hospital in the foregoing
		(1)	BY: Q_{γ}	nova Audich)
STATE OF I	NDIANA)	(1)		Mul Mul wh Angie Djukich	
COUNTY OF 1) ss: LAKE)				
Hospitals,			ath, says that		for The Methodisted in the foregoing
December	cribed and sworn to 0.7 , 2010.	before me,	a Notary Publi	c, this $\frac{\alpha}{\beta}$	day of
My Commiss	ion Expires:			Notai	ry Public
111ach 2	4, 2011		A Resident of	Lake	_ County
I affirm,	•				ble care to redact
	ument Prepared By:		Hites, Attorne dway, Merrilly	ey at Law Mille, IN 46410	
AMOUNT S CASH CHECK #. OVERAGE COPY NON-CO CLERK_	16775			(SEAL)	TONE Frake County, IN From expires The content of t