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MIC: HECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Armando Feagin Armando Feagin	Attorney:	
Patient.	1730 E 7th Ave		
	Gary, IN 46402		
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, 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 (\$ 1, 3. legal repressible for stay: This the Office hundred and undersigned the penaltilizion as destatement a	charged from the hosp The amount due for he talization is One The 418.00 Dolla To the best of the fesentative claims the damages arising from Lien is being filed of the Recorder of deighty (180) days individual execution es of perjury, herelescribed above and re true and correct.	pursuant to the Hospital Lien Law, I.C. Section the County in which the Hospital is located, was instrument, having been duly sworn upon one states that the Hospital intends to hold the that the facts and matters set forth in the THE METHODIST HOSPITALS, INC.	s tities are hospital 32-33-4 in within one ital. The ath, under Hospital
STATE OF IN) ss:	Angie Djukich	
Hospitals, are true and Subscipulitary My Commissi My Commissi	cribed and sworn to be 2011. on Expires:	may Angle Djukich An	
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.			
AMOUNT \$ CASH CHECK # OVERAGE_ COPY NON-COM_	1(4)19	Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410	- Hant I
CLERK			

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