STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

## 2011 012473

2011 MAR -3 PM 1:21

10037748

MICHELE R FAJMAN RECORDER

Return To:

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Bryan Conley		
Patient:	Bryan Conley	Attorney:	
	7631 Jackson St		
	Merrillville, IN	<del>464</del> 10	
Recorder of	Lake County, Indian		ana Department of Insurance
	Government Center	311	W. Washington Street
	Main Street	Suite	e 300
Crown Point	, Indiana 46307	India	anapolis, Indiana 46204
You a	re hereby notified t	hat TUE MEMUODICE HOL	IDIENTO THO COO O
IN 46402,	intends to hold a Ho	ospital Lien for all	SPITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
1. and was dis	The patient was admicharged from the hos	itted to the hospital pital on <u>February 03</u>	on February 03, 2011
2.	The amount due for	hospital care, treatme	ent or maintenance during the
above hospi	talization is Two T	housand Six Hundred E-	ighty-Six
(\$ 2,	686.00 ) Doll	ars.	roperty of the patient's
3.	To the best of the	Hospital's knowledge,	the patient or the patient's
legal repre	esentative claims th	at the following nam	ned Gindividuals and/or entities are
llable for	damages arising fro	m the patient's ill	lness or injury causing the hospital
stay:			
Thic	Lion is boing filed	5000000 t to 41 57	
the Office	of the Recorder of	the County in the Hospi	tal Lien Law, I.C. Section 32-33-4 in
hundred and	eighty (180) days	after the nations	the Hospital is located, within one s discharged from the Hospital. The
undersigned	individual execution	a this instrument has	s discharged from the Hospital. The ving been duly sworn upon oath, under
the penalti	es of perjury, here	by states that the H	ospital intends to hold the Hospital
Lien as de	scribed above and	that the facts and	matters set forth in the foregoing
statement a:	re true and correct.	and the facts and	maccers set forch in the foregoing
		THE METHODI	IST HOSPITALS, INC.
		ETO POLITICAL PROPERTY OF THE PARTY OF THE P	
OFF		(1) BY:	Lingue Brush Ch
STATE OF IN	DIANA		Angie Djukich
COUNTY OF LA	) SS:		
COONII OF LA	AKE )	E OEAL TOTAL	
I And	gie Djukich	hoing a Patient	Popular and a fine of the state
		rn linon oath save th	Representative for The Methodist nat the facts stated in the foregoing
are true and	d correct.	zii apoii oatii, says ti	\(\int\) races stated in the foregoing
		(2)	Uma Dupich
			Angie Diukich
Subsci	ribed and sworn to be	efore me, a Notary Pub	olic, this 1574 day of
I Chouaun	, 2011.	$\tilde{\mathcal{L}}$	
		_ Nupa	Stone
My Commissio	on Expires:		Notary Public
00000/0	24/ 24//	A Resident	of Lake County
1 / Kalevi	24,2011		
T affirm. 11	inder the nenalties	for portury that I	home talan
each social	security number in t	this document, unless	have taken reasonable care to redact required by law.
This Instrum	ment Prepared By:	2	
	Troparoa by.	Earle F. Hites, Attor	mey at Taw
		8700 Broadway, Merril	
AMOUNT	\$ 11-	Todamay, Helli	TATTTO' TIN 40410
CASH	CHARGE		
CHECK #			Official Seal
OVERAG			LISA STONE Resident of Lake County, IN
COPY_			My commission expires
VO: 1	16.6		March 24, 2011

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NON-COM. CLERK\_