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MICHELLE A FAJMAN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Spencer Galloway Spencer Galloway		
racient.	5940 Sundance Trl	Attorney:	
•	Portage, IN 46368	πΖΟΖ	<u> </u>
Lake County 2293 North N	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W Suite	na Department of Insurance J. Washington Street e 300 napolis, Indiana 46204
IN 4040Z, I	intenas to nota a Ho	spital Lien for all	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
1. and was disc	charged from the hosp	tted to the hospital pital on <u>January 24</u> ,	2011
above hospit	talization is Six Hu	indred Seventy and 25/	
3. legal repre	sentative claims the	Hospital's knowledge, at the following name	the patient or the patient's ed dindividuals and/or entities are ness or injury causing the hospital
hundred and undersigned the penaltie Lien as des	eighty (180) days a individual executing es of perjury, herek	the County in which after the patient was go this instrument, have by states that the Hothat the facts and many that the facts are many than the facts	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 espital intends to hold the Hospital matters set forth in the foregoing
		Elotter Contraction	ST HOSPITALS, INC.
STATE OF IND		(1) BY:	Angae Djudich
COUNTY OF LA	AKE) ss:	SEAL SEAL	
I Ang	gie Djukich	, being a Patient	Representative for The Methodist
Hospitals, I are true and	Inc., being duly sword correct.	on upon oath, says that	at the facts stated in the foregoing
		(2)	Angle Divich 4
February	ribed and sworn to be, 2011.	fore me, a Notary Publ	lic, thisday of
My Commissio		Nuba &	tore
_	1 24 2011	A Resident o	Notary Public of Lake County
each social	nder the penalties f security number in t	or perjury, that I h his document, anless r	ave taken reasonable care to redact required by law.
This Instrum	ent Prepared By:	2	
AMOU CASH.	JINI P	Earle F. Hites, Attorn 8700 Broadway, Merrill	ney at Law Lville, IN 46410
CHEC	K# <u>16889</u>		and the state of t
OVER			Official Seal LISA STONE
COPY NON-			Resident of Lake County, IN My commission expires
CI FR			March 24, 2011

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CLERK___