2011 012479

2011 MAR - 3 PM 1: 22

MICHELLE R FAJMAN RECORDER

200578577

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

TO:	Fannie Molden		
Patient:	Fannie Molden	Attorney:	
•	23624 Cottage Gro		
-	Schneider, IN 463		
•			
Lake County 2293 North N	Lake County, Indian Government Center Main Street , Indiana 46307	311 V Suite	ana Department of Insurance W. Washington Street e 300 anapolis, Indiana 46204
IN 46402, i	ntends to hold a Ho.	ospital Lien for all	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
1.	The patient was adm	itted to the hospital pital on _January 17,	on January 17, 2011
2.	The amount due for talization is Three	hospital care, treatme Thousand Five Hundred	ent or maintenance during the deleven and 50/100
(\$ 3,5 3. legal repre	To the best of the sentative claims the	ars. Hospital's knowledge, at the following nam	the patient or the patient's are dindividuals and/or entities are lness or injury causing the hospital
the Office hundred and undersigned the penalti- Lien as de	of the Recorder of eighty (180) days individual executin es of perjury, here	the County in which after the patient was g this instrument, has by states that the Ho	tal Lien Law, I.C. Section 32-33-4 in the Hospital is located, within one s discharged from the Hospital. The ving been duly sworn upon oath, under ospital intends to hold the Hospital matters set forth in the foregoing
beacement ar	to true and correct.	THE METHODI	ST HOSPITALS, INC.
		KIN'ROLLING OF THE	
STATE OF INI	DIANA ) ss:	(1) BY:	Angle Diskich
COUNTY OF LA		SEAL WOLANA, STATE	
	ngie Djukich Inc., being duly swo	, being a <u>Patient</u> orn upon oath, says th	Representative for The Methodist the facts stated in the foregoing
are true and	d correct.	(2)	angie spiosich
	ribed and sworn to be $\sqrt{}$ , 2011.	efore me, a Notary Pub	
	<u> </u>	_ Susa	Stone
My Commission  Month	24,2011	A Resident	Notary Public of <u>Lake</u> County
•	,		
I affirm, u each social	nder the penalties security number in t	for perjury, that I lithis document, unless	have taken reasonable care to redact required by law.
This Instrum	ment Prepared By:	260	
AMOUNT	CHARGE	Earle F. Hites, Attor 8700 Broadway, Merril	= .
CHECK #. OVERAGI			Official Seal
COPY			Resident of Lake County, IN My commission expires
NON-CO	M_A		March 24, 2011

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COPY\_ NON-COM. CLERK\_