STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MICH RECORDER AUMAN

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Faith Myricks		
Patient:	Faith Myricks	Attorney:	
•	545 165th St #1		
•	Hammond, IN 46324		
	Lake County, Indiana		
	Government Center	311 W. Washington Street Suite 300	
2293 North	Main Street , Indiana 46307	Indianapolis, Indiana 46204	
CIOWII POINC	, indiana 40507	indianaporis, indiana 40204	
IN 46402, in hospital call and was dis 2. above hospital (\$\frac{4}{3}\$. legal representations)	ntends to hold a Hore, treatment or main The patient was admit charged from the hosp The amount due for 1 talization is Four 034.75) Dollar To the best of the lesentative claims the	hat THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, espital Lien for all reasonable and necessary charges for ntenance of the above listed patient as follows: itted to the hospital on January 20, 2011 pital on January 20, 2011 mospital care, treatment or maintenance during the Thousand Thirty-Four and 75/100 ars. Hospital's knowledge, the patient or the patient's at the following named individuals and/or entities are on the patient's illness or injury causing the hospital	
This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been duly sworn upon oath, under the penalties of perjury, hereby states that the Hospital intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct. THE METHODIST HOSPITALS, INC.			
		(1) BY: Cinque Dinkich	
STATE OF IN		(1) BY: Angrie Djukich	
COUNTY OF I	AKE) ss:	WOIANA JUNE	
	Angie Djukich	, being a <u>Patient Representative</u> for The <u>Methodist</u>	
Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.			
are e r ee ar		(2) <u>Unque Deur Wh</u>	
		Angle Divkich	
Subsc		efore me, a Notary Public, this <u>775</u> day of	
-/ t 1/1 (ACV 00	,	June Stone	
My Commissi	on Expires:	Notary Public	
Muscin	24,2011	A Resident of <u>Lake</u> County	
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.			
This Instru	ment Prepared By:		
	- · · · ·	Earle F. Hites, Attorney at Law	
	AMOUNT \$	8700 Broadway, Merrillville, IN 46410	
	CASHCHARGE	grander in the control of the contro	
	CHECK #	A CONTRACTOR OF THE PARTY OF TH	
	OVERAGE	(Sept.) Survey of Challes Successful the	
	COPY	Const. Commission expires	
	NON-COM	To say the same of	

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CLERK___