STATE OF INDIANA EAKE COUNTY FILED FOR RECORD

2011 016550

2011 MAR 18 PM 1:17

MICHELE B. FAJMAN RECORDER

Return To:

100378833

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Brian Snow		
Patient:	Brian Snow	Attorney:	
	1015 W 35th Ave	103	
	Gary, IN 46408		
Lake County 2293 North 1	Lake County, Indian Government Center Main Street , Indiana 46307	311 W Suite	na Department of Insurance . Washington Street 300 napolis, Indiana 46204
IN 40405' T	incends to note a H	lospital Lien for all .	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
above hospit (\$ 1,5 3. legal repre liable for stay: This I the Office hundred and undersigned the penaltic Lien as des	The amount due for calization is One 1536.25) Doll To the best of the sentative claims to damages arising from the Recorder of eighty (180) days individual executives of perjury, here secribed above and the true and correct.	Hospital's knowledge, hat the following name om the patient's illimited the County in which after the patient was ag this instrument, have by states that the Hothat the facts and metals.	the patient or the patient's are ness or injury causing the hospital al Lien Law, I.C. Section 32-33-4 in the Hospital is located, within one discharged from the Hospital. The ing been duly sworn upon oath, under spital intends to natters set forth in the foregoing of the spital intends. INC.
STATE OF IND COUNTY OF LA) ss:	MANA LILIAN	Angie Djukich
ΤΛη	urio Diuli-l		
	nc., being duly swo	_, being a <u>Patient</u> orn upon oath, says tha (2)	Representative for The Methodist at the facts stated in the foregoing
February Ay Commissio	, 2011.	efore me, a Notary Publ	a Stone
March	24, 2011	A Resident o	Notary Public f Lake County
affirm, ur each social	nder the penalties security number in	for perjury, that I hat this document, unless r	ave taken reasonable care to redact equired by law.
his Instrum	ent Prepared By:	Earle F. Hites, Attorn 8700 Broadway, Merrill	ey at Law ville, IN 46410
	AMOUNT \$CHARGE_ CASHCHARGE_ CHECK #CY_3 G_ OVERAGE	· - - -	Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011

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CHECK #. OVERAGE. COPY. NON-COM. CLERK-

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