STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2011 016553

2011 MAR 18 PM 1:17

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MICHELLE 3. FAJMAN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Jaryl Franklin Jaryl Franklin 11392 N 540 E Demotte, IN 4631	Attorney:
Lake County 2293 North Crown Point	Lake County, India Government Center Main Street , Indiana 46307	311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
You a IN 46402, : hospital ca	re, treatment or ma	that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary ospital Lien for all reasonable and necessary charges fontenance of the above listed patient as follows:
and was dis 2. above hospi (\$ 5,2 3. legal repre liable for stay:	The patient was accharged from the ho The amount due for talization is Five 214.25) Dol To the best of the sentative claims t damages arising fr	itted to the hospital on February 08, 2011 pital on February 08, 2011 hospital care, treatment or maintenance during the Thousand Two Hundred Fourteen and 25/100 ars. Hospital's knowledge, the patient or the patient's at the following named individuals and/or entities arm the patient's illness or injury causing the hospital
hundred and undersigned the penaltie	eighty (180) days individual executions of periors have	the County in which the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within one after the patient was discharged from the Hospital. The this instrument, having been duly sworn upon oath, under by states that the Hospital intends to hold the Hospital that the facts and matters set forth in the foregoing
STATE OF IND) 55	(1) BY: MOUL AMBIE Djukich
Hospitals, I are true and		, being a <u>Patient Representative</u> for The Methodist on upon oath, says that the facts stated in the foregoing (2) Angid Djukich fore me, a Notary Public, this 33 day of
Tennary My Commission		Jung Stone
Ω	2412011	Notary Public A Resident of Lake County
I affirm, une	der the penalties ecurity number in t	or perjury, that I have taken reasonable care to redact is document, unless required by law. arle F. Hites, Attorney at Law 700 Broadway, Merrillville, IN 46410
	AMOUNT \$ // CHARGE CHECK # /6936 OVERAGE	Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011

NON-COM_ CLERK_