2011 016970

Thomas Brown

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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2011 MAR 22 PM 2: 41

MICHELLE R. FAJMAN / RECORDER

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TO:

Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Thomas Brown	Attorney:		
	13506 W 81st Ave Dyer, IN 46311			
, , , , , , , , , , , , , , , , , , ,		·		
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W. Suite 3	Department of Insurance Washington Street 00 polis, Indiana 46204	
	riicciids to nord a mosor	THE METHODIST HOSPIT	TALS, INC., 600 Grant Street, asonable and necessary charge sted patient as follows:	Gary, s for
1. and was dis 2. above hospi	The patient was admitted charged from the hospital The amount due for hospitalization is One Thous 354.00	ed to the hospital on 11 on <u>February 10,</u> 2 ital care, treatment 2 and Three Hundred Fir	February 10, 2011 2011 or maintenance during the fty-Four	
3. legal repre liable for stay:	To the best of the Hosp	ital's knowledge, the	e patient or the patient's dindividuals and/or entities or injury causing the hos	s are
hundred and undersigned the penalti Lien as de	eighty (180) days after individual executing the es of perjury, hereby s	er the patient was dais instrument, having states that the Hospitches and mat	Lien Law, I.C. Section 32-33 e Hospital is located, within ischarged from the Hospital. g been duly sworn upon oath, ital intends to hold the Hospital intends to hold the foresters set forth in the foresters.	n one The under
		THE METHODIST	HOSPITALS, INC.	
STATE OF IND) ss:	(1) BY: Un	Angie Dukích	
		MOIANA STITE		
Hospitals,]	Inc., being duly sworn u	being a <u>Patient Re</u> upon oath, says that	epresentative for The Metho the facts stated in the foreg	odist
are true and	d correct.	(2) and	our David is a h	JOING
Cuba			Angie Djukich	
March	ribed and sworn to before, 2011.	e me, a Notary Public	, this <u>310</u> day of	
My Commissio	n Expires.	Lung.	Stone	
	24,2011	A Resident of	Notary Public Lake County	
affirm, u	/	perjury, that I have document, unless requ	e taken reasonable care to re uired by law.	edact
	ent Prepared By:	5		
	Earl	e F. Hites, Attorney Broadway, Merrillvi	at Law lle, IN 46410	
C C	MOUNT \$CHARGECHECK #CHECK #		Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011	