STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MICHELER FAJMAN RECORDER

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Return To:

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

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

TO:  John A Bukovac  John A Bukovac  8316 RUTLEDGE ST  MERRILLVILLE, IN 46410	
Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 311 W. Washington Street 2293 North Main Street Suite 300 Crown Point, Indiana 46307 Indianapolis, Indiana 46204	
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:	/ <b>/</b> >1
1. The patient was admitted to the hospital on January 17, 2011 and was discharged from the hospital on January 17, 2011 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One thousand five hundred ninety one & 00/100 (\$\frac{1,591.00}{3}\$. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following named individuals and/or entities ar liable for damages arising from the patient's illness or injury causing the hospital stay:	:∈ a]
This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the Office of the 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 statement are true and correct.	ie r
STATE OF INDIANA  COUNTY OF LAKE  I DIAN HALL  Methodist Hospitals Translative for Th	0
foregoing are true and correct.  (2)	e
Malth DIAN HALL  Subscribed and sworn to before me, a Notary Public, this day of  Malth Malth Malth Malance	
My Commission Expires:  A Resident of Manual Milliant Public County	
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this decument, unless required by law.	t
This Instrument Prepared By:  Earle F. Hites, Attorney at Law  8700 Broadway, Merrillville, IN 46410	
AMOUNT \$ CASH	

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COPY\_ NON-COM\_ CLERK\_