STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MICHELLE B. FAJMAN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Angela Ledesma		
Patient:	Angela Ledesma	Attorney:	
	8195 Alpine Ln #I Crown Point, IN 4		
	CLOWIT POLITE, IN 4	6307	
Lake County 2293 North	Lake County, Indian Government Center Main Street , Indiana 46307	311 W Suite	na Department of Insurance Washington Street 300 napolis, Indiana 46204
IN 10102, .	rurenas co nota a H	OSDITAL Lien for all	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
1. and was dis 2.	charged from the hos	nitted to the hospital pital on <u>February 16</u>	2011
above hospi	383 On Spall	housand Three Hundred	
3. legal repre	To the best of the esentative claims the	Hospital's knowledge,	the patient or the patient's ed individuals and/or entities are ness or injury causing the hospital
hundred and undersigned the penalti Lien as de	eighty (180) days individual executin es of perjury, here	the County in which after the patient was g this instrument, have by states that the Hothart the facts and re-	tal Lien Law, I.C. Section 32-33-4 in the Hospital is located, within one discharged from the Hospital. The ying been duly sworn upon oath, under ospital intends to hold the Hospital matters set forth in the foregoing
			ST HOSPITALS, INC.
		(1) BY:	angie prise ich
STATE OF IN	DIANA )		Angle Djulich
COUNTY OF LA	AKE )	SEAL SEAL	
	ngie Djukich	_, being a Patient	Representative for The Methodist
Hospitals, are true and	Inc., being duly swo d correct.	orn upon oath, says th	at the facts stated in the foregoing
		(2)(	Angie Blukich
	ribed and sworn to be	efore me, a Notary Pub.	lic, this 137 day of
My Commission	on Expires:	-Busa S	Notary Public
marci	h24,2011	A Resident o	
I affirm, u each social	nder the penalties security number in	for perjury, that I h	ave taken reasonable care to redact required by law.
This Instrur	ment Prepared By:	Family E. Hittag Thitage	
		Earle F. Hites, Attorn 8700 Broadway, Merrill	
	AMOUNT \$ 1/-	<b></b>	
	CASHCHARGE	-	Official Seal
	CHECK #	-	(SEAL) Resident of Lake County, IN
	OVERAGE	- -	My commission expires March 24, 2011

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