STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2011 016980

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MICHEL RECORDER FAJMAN

Official Seal
LISA STONE
Resident of Lake County, IN
My commission expires
March 24, 2011

(SEAL)

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

10:	Tierra Bond		
Patient:	Tierra Bond	Attorney:	
	4330 E 10th Ave		
	Gary, IN 46403	······	
Lake County	Lake County, Indian Government Center	a	na Department of Insurance . Washington Street
2293 North 1		Suite	300
Crown Point	, Indiana 46307		napolis, Indiana 46204
hospital car	The patient was adm	chat THE METHODIST HOSP ospital Lien for all intenance of the above	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
and was disc	charged from the hos	pital on January 28	2011
above hospit	The amount due for Calization is Seven	hospital care, treatment	nt or maintenance during the
3. legal repre	To the best of the sentative claims the	s. Hospital's knowledge, Hat the following name	the patient or the patient's ed individuals and/or entities are ness or injury causing the hospital
hundred and undersigned the penaltic Lien as des	eighty (180) days individual executings of perjury, here	after the patient was g this instrument, hav by states that the Ho that the facts and m	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 hold the Hospital atters set forth in the foregoing
		THE METHODIS	ST HOSPITALS, INC.
STATE OF INC) ss:	(1) BY:	Angie Djuktch
I Ang Hospitals, I are true and	ie Djukich nc., being duly swo correct.	being a Patient rn upon oath, says tha	Representative for The Methodist at the facts stated in the foregoing
		(2)	Male Aufuh Angie Dyukich
March Subscr	ibed and sworn to be , 2011.	efore me, a Notary Publ \mathscr{L}	
My Commissio	n Expires:		Store Notary Public
march	24, 2011	A Resident o	f <u>Lake</u> County
I affirm, ur each social	nder the penalties : security number in t	for perjury, that I hat it has document, unless r	ave taken reasonable care to redact equired by law.
This Instrum	ent Prepared By:	Earle F. Hites, Attorn	ev at law
		8700 Broadway, Merrill	
	AMOUNT \$ CHARGE		population of the month of month of the population of the populati

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CASH_ CHECK #

OVERAGE. COPY_ NON-COM CLERK-