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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:		Miskuf				
Patient:		Miskuf	Attor	ney:		
		79th Pl				
	Merril.	lville, IN	<u>1 464</u> 10			
Recorder of Lake County 2293 North Crown Point	Governm Main Str	ent Center eet		Indiana Departm 311 W. Washingt Suite 300 Indianapolis, I	on Street	ce
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This : the Office hundred and undersigned the penalti	Lien is of the eighty individ es of pe	being file Recorder of (180) day: ual execut: erjury, he above and	d pursuant to the of the County in was after the patier ing this instrument reby states that that the facts	Hospital Lien Land Hospital Hospital Hospital Hospital Hospital Inc.	aw, I.C. Section that is located ed from the Hoduly sworn upor tends to hold et forth in t	on 32-33-4 in , within one spital. The n oath, under
STATE OF INI COUNTY OF LA I And Hospitals, increase and	AKE gie Dju Inc., be	ing duly s	(1) BY: AN DIAN worn upon oath, sa (2)	Angle D	tative for Th	ne Methodist the foregoing
Subscr MM.U(1) My Commissio My Commissio	, 2011 on Expire	1.	before me, a Notar A Resi	y Public, this Such Store dent ofLa	Notary Publ	
I affirm, u each social This Instrum	security	y number in	Earle F. Hites,	less required by Attorney at Law	y law.	re to redact
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