STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2011 018847

2011 MAR 31 PM 1:31

MICHEL SUMAN RECORDER

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

| • | | <u> </u> | | |
|--|--|--|---|--------------------------|
| TO: | Willette Wright | _ | | |
| Patient: | Willette Wright | Attorney: | | |
| | 2601 Tyler | - | | |
| | Gary, IN 46404 | - - | | |
| Lake Count 2293 North | f Lake County, Indiana y Government Center Main Street t, Indiana 46307 | 311 Suit | ana Department of Insurance W. Washington Street e 300 anapolis, Indiana 46204 | |
| | | | | |
| IN 46402, hospital o | intends to hold a Hosp are, treatment or maintender. The patient was admitt | ital Lien for all enance of the above color to the hospital | reasonable and necessary charg listed patient as follows: | |
| | scharged from the hospit | | | |
| 2. | The amount due for hospitalization is One Thou | spital care, treatm | ent or maintenance during the | |
| (\$ 1 | .230.50 Dollars | St1 - O D | nii CV and 50/100 | _ |
| 3. | To the best of the Hos | spital's knowledge, | corder! the patient or the patient's | |
| legal rep | resentative claims that | the following name | med individuals and/or entiti | |
| | damages arising from | the patient's il | lness or injury causing the ho | spital |
| stay: | | | | |
| the Office hundred ar undersigne the penalt Lien as of | e of the Recorder of the decorder of the decor | ne County in which ter the patient wa this instrument, ha states that the F | the Hospital is located, with as discharged from the Hospital aving been duly sworn upon oath, Hospital intends to hold the Homatters set forth in the for | in one The under ospital |
| statement | are true and correct. | THE METUOD | IST HOSPITALS, INC. | |
| | | ME EN C | TST ROSPITALS, INC. | |
| STATE OF I |) ss: | (1) BY | Angle Djykich | |
| COUNTY OF | LAKE) | | | |
| Hospitals, | | | Representative for The Methat the facts stated in the for Angiel Djukith | |
| Subs Marci | cribed and sworn to before 0.00 , 2011. | ore me, a Notary Pu | blic, this 17th day of | |
| My Commiss | ion Expires: | - J) W19 | Notary Public | |
| | 1 24,2011 | A Resident | of Lake County | |
| | under the penalties fo | | have taken reasonable care to required by law. | redact |
| This Instr | rument Prepared By: | 2 | | |
| | E | arle F. Hites, Atto 700 Broadway, Merri | _ | |
| | AMOUNT \$CHARGECHECK #CHECK #COPYNON-COMCLERK | | SEAL STONE | |

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