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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:	Spencer Dixon			
Patient:	Spencer Dixon Attorney:			
	6735 Van Buren Ct	<del></del>		
	Merrillville, IN	<u>464</u> 10		<del></del>
Recorder o	f Lake County, Indian	) <del>a</del>	Indiana Danauta	
Lake Count	y Government Center		Indiana Department of	Insurance
2293 North	Main Street		311 W. Washington Str Suite 300	eet
	t, Indiana 46307		Indianapolis, Indiana	46204
You	are hereby notified			
IN 46402.	intends to hold a H	occital lies for	HOSPITALS, INC., 60	O Grant Street, Gary,
hospital c	are treatment or mai	ospital Lien for	all reasonable and r	necessary charges for
oopicai C	are, treatment or mai	intendince of the an	pove listed patient a	s follows:
1.	The patient was adm	litted to the hosp	ital on March 30	2011
and was dia	scharged from the hos	pital on March	30, 2011	2011
2.	The amount due for	hospital care tru	eatment or maintenanc	
	italization is Two T	housand Civ Hundre	achient or maintenanc	e during the
(\$ 2	,615.00 Doll	are are	deratteelerty of	
3.	To the best of the	Hospitha Commit	ge, the patient or t	, \
legal repr	resentative claims th	nospicar s knowled	ge, the patient or t	ne patient's and/or entities are
liable for	damages arising fr	om the notional	named individuals	and/or entities are
stay:	damages arrising in	bill the pattent's	illness or injury	causing the hospital
cay.				
This	Lien is being filed	pursuant to the H	osnital lion to:	C. Section 32-33-4 ir
the Office	of the Recorder of	the County in wh	ospitat Hien Baw, I.	located, within one
hundred an	d eighty (180) days	after the nation	THE HOSPILAT IS	the Hospital. The
undersigned	d individual execution	a this instrument	having been deli	m the Hospital. The worn upon oath, under
the penalt	ies of perjury, here	hy states that the	Having been duly st	worn upon oath, under to hold the Hospital
Lien as d	escribed above and	that the facts	nospital intends	to hold the Hospital th in the foregoing
statement a	are true and correct.	chat the facts a	and matters set for	th in the foregoing
	== 43 4,14 3321332.		HODIST HOSPITALS, IN	
		E GIVE ME	HODISI HOSPITALS, IN	C,/
		(1) BY:	19 Unive Drie	inh.
STATE OF IN	NDIANA )		Angie Djukich	
	) ss:		rangue bjukten	
COUNTY OF I	LAKE )	JEAL.	· · · · · · · · · · · · · · · · · · ·	
		MAIDWILL	inn	
I	Angie Djukich	, being a Pat	ient Representative	for The Methodist
Hospitals,	Inc., being duly swo	orn upon oath, sav	s that the facts sta	tor The Methodist ated in the foregoing
are true ar	nd correct.	aria adan, ada	1 char the facts sta	iced in the foregoing
		(2)	(Imin nord	Jiah.
_			Angre Djukich	<u>www</u>
Subsc	cribed and sworn to b	efore me. a Notary	Public this	a
Upril	, 2011.	- Total Mey a Notary		_ day of
	<del></del>		WMIN MOUNDS	
4y Commissi	ion Expires:		may mount	
//		A Resid	_	tary Public
MANI	438 2014	11 Nesta	ent of <u>Lake</u>	County
- July	1 =1-,4-1			
[ affirm,	under the penalties	for perjury, that	I have taken reason	nable care to redact
each social	security number in	this document. unl	ess required by law	mante date to redact
		, uni		
his Instru	ument Prepared By:		フ	
		Earle F. Hites, A	ttorney at Law	

8700 Broadway, Merrillville, IN 46410

AMOUNT \$. CASH. CHECK # OVERAGE. COPY-NON-COM. CLERK\_

Official Seal
ANNETTE M. PEREZ
Resident of Lake County, IN
My commission expires
August 28, 2014 (SEAL)

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19% ...