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Hodges & Davis, P.C.

(42) (4) (4) (4)

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

TO:	Willie P Walker	
Patient:	Willie P Walker	Attorney:
	464 W 23rd Ave	
	Gary, IN 46407	
Lake Count 2293 North Crown Poin	f Lake County, Indiar y Government Center Main Street t, Indiana 46307	311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
hospital cand was discard was	The patient was adm scharged from the hos The amount due for Italization is Six H 26.25 Dollar To the best of the	hat THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary spital Lien for all reasonable and necessary charges for the above listed patient as follows: itted to the hospital on April 13, 2011 pital on April 14, 2011 hospital care, treatment or maintenance during the andred Twenty-Six and 25/100 is at the following named individuals and/or entities are the patient's illness or injury causing the hospital
hundred and undersigned the penalti Lien as de	d eighty (180) days individual execution des of perjury hard	coursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within one after the patient was discharged from the Hospital. The this instrument, having been duly sworn upon oath, under by states that the Hospital intends to hold the Hospital hat the facts and matters set forth in the foregoing
STATE OF IN		(1) BY: AND
COUNTY OF LA) 55.	Angje Djukich
I And Hospitals, are true and	gie Djukich Inc., being duly swo: d correct.	, being a <u>Patient Representative</u> for The Methodist n upon oath, says that the facts stated in the foregoing
a Subsci	\mathfrak{A} bed and sworn to be	(2) Angle Diukich Fore me, a Notary Public, this day of
My Commissio	on Expires:	Motary Molic
Myus	1 28, 2014	A Resident of <u>Lake</u> County
I affirm, un each social	nder the penalties f security number in th	or perjury, that I have taken reasonable care to redact is document, unless required by law.
	ent Prepared By:	
	F	arle F. Hites, Attorney at Law
a t i	1011NT 6 //-	700 Broadway, Merrillville, IN 46410

AMOUNT \$... CHARGE

CLERK_

CHECK #. OVERAGE. COPY_ NON-COM

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

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