2011 024564

2011 MAY - 2 PM 3: 36

200610188

14). Case 1 1 1 1 Return To:

Hodges & Davis, P.C.

Official Seal

ANNETTE M. PEREZ
Besident of Lake County, IN
My commission expires
August 28, 2014

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

TO: Charles E Ryan Charles E Ryan 1609 E 85th Ct Merrillville, IN	Attorney:
Recorder of Lake County, Indian Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
hospital care, treatment or mai 1. The patient was adm and was discharged from the hos 2. The amount due for above hospitalization is Five (\$ 589.00) Dollar 3. To the best of the legal representative claims the	hospital care, treatment or maintenance during the Hundred Eighty-Nine
This Lien is being filed the Office of the Recorder of hundred and eighty (180) days undersigned individual executin the penalties of perjury, here	pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within on after the patient was discharged from the Hospital. The patient was discharged from the Hospital. The patient was discharged from the Hospital. The patient was discharged from the Hospital intends to hold the Hospital that the facts and matters set forth in the foregoing the METHODIST HOSPITALS, INC.
STATE OF INDIANA)) ss:	(1) BY: Angle Djukich
I Angie Djukich Hospitals, Inc., being duly swo are true and correct.	being a <u>Patient Representative</u> for The Methodist on upon oath, says that the facts stated in the foregoing (2)
, 2011.	fore me, a Notary Public, this Oday of
Commission Expires:	Notary Public A Resident of Lake County
his Instrument Prepared By:	or perjury, that I have taken reasonable care to redact his document, unless required by law. Earle F. Hites, Attorney at Law
AMOUNT \$	3700 Broadway, Merrillville, IN 46410

E

CASH___

 $|f_{i}|^{2} = \frac{1}{2} \left(\frac{\delta_{i}}{t}\right)$

CHECK #_ OVERAGE_ COPY_ NON-COM_ CLERK_