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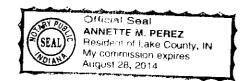
Hodges & Davis, P.C.

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

TO:	Thomas Bush	HOSPITAL LIEN
Patient:	Thomas Bush	Attorney:
	1778 Prairie Ave	-
	South Bend, IN 466	<u> </u>
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
hospital ca 1. and was dis 2. above hospit (\$\frac{1}{3}\$. legal reprediable for stay: This is the Office hundred and undersigned the penaltication as designed the stay des	The patient was admit charged from the hospi The amount due for hotalization is One Thom 604.75) Dollar To the best of the Hosentative claims that damages arising from Cien is being filed purification of the Recorder of the eighty (180) days affindividual executing as of perjury, hereby scribed above and the	pital Lien for all reasonable and necessary charges for enance of the above listed patient as follows: ted to the hospital on April 10, 2011 tal on April 10, 2011 spital care, treatment or maintenance during the meand Six Hundred Four and 75/460
statement ar	e true and correct.	THE METHODIST HOSPITALS, INC.
STATE OF IND	IANA)	(1) BY: Angle Dynkich Angle Dynkich
COUNTY OF LA	KE)	MOIANA JULIE
I An Hospitals, I are true and	gie Djukich nc., being duly sworn correct.	being a <u>Patient Representative</u> for The Methodist upon oath, says that the facts stated in the foregoing
Subscr	<pre>%bed and sworn to beforable</pre>	re me, a Notary Public, this day of
My Commission	n Expires:	- arettem Heren
llegist	X, 2014	Notary Public A Resident of <u>Lake</u> County
		perjury, that I have taken reasonable care to redact anless required by law.
This Instrume	ent Prepared By:	
	E.a.	rle F. Hites, Attorney at Law

8700 Broadway, Merrillville, IN 46410

AMOUNT \$. CHARGE CASH__ CHECK #. OVERAGE. COPY_ NON-COM CLERK_



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