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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: Robert Tayl			
Patient: Robert Tayl		ney:	
1248 Indian			-
Hammond, IN	46320		- -
Recorder of Lake County, Lake County Government C 2293 North Main Street Crown Point, Indiana 463	enter	Indiana Department of Insura 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204	ince
hospital care, treatment 1. The patient of and was discharged from 2. The amount do above hospitalization is (\$ 2,469.00 3. To the best of legal representative classification is the control of the co	was admitted to the hospital care, tree the Hospital on April (up for hospital care, tree two Thousand Four Hunds) Dollars. of the Hospital's knowledging from the patient's filed pursuant to the Hospital care the patient and the country in who days after the patient and that the facts approach.	HOSPITALS, INC., 600 Grant all reasonable and necessar cove listed patient as followital on April 06, 2011	ry charges for ows: Ing the Lent's are the hospital ion 32-33-4 in the do, within one dospital. The on oath, under
STATE OF INDIANA	(1) BY	Ingle Djudich	
COUNTY OF LAKE	SS:	THE THE PARTY OF T	
I Angie Djukich Hospitals, Inc., being do are true and correct.	n, being a <u>Pat</u> uly sworn upon oath, say	ient Representative for stated in	The Methodist the foregoing
	(2)	Unge surich	
Subscribed and swor	en to before me, a Notary	Argie Division Public, this <u>1814</u> day of	f
My Commission Expires:	6	Awa Store	
March 24, 2019	A Resid	Notary Puk ent of <u>Lake</u> Cour	
I affirm, under the pena each social security numb	alties for perjury, that per in this docament, unl	I have taken reasonable c ess required by law.	are to redact
This Instrument Prepared	L	•	
	Earle F. Hites, A	ttorney at Law	
AMOUNT \$CHARGE	8/00 Broadway, Me:	rrillville, IN 46410	
o, to i———oinnue,			

Official Seal LISA M. STONE
Resident of Lake County, IN
My commission expires
March 24, 2019

CHECK #_

OVERAGE

COPY_ NON-COM. CLERK___