STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MICHE AJMAN RECORDER

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Hodges & Davis, P.C.

	Return 10	8700 Broadway, Merrillville, IN 46410
TO: Patient:	Shaquille O Parker Shaquille O Parker 3701 Van Buren St Gary, IN 46408	Attorney:
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
IN 46402, hospital call. and was dis	intends to hold a Hosp re, treatment or mainted. The patient was admitt charged from the hospit The amount due for hos	t THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, ital Lien for all reasonable and necessary charges for mance of the above listed patient as follows:  ded to the hospital on April 11, 2011 all on April 11, 2011 spital care, treatment or maintenance during the sand Bight Hundred Fifty and 25/100
(\$ 6, 3. legal repre	850.25 ) Dollars To the best of the Hosesentative claims that	Elake County Recorder!  Spital's knowledge, the patient or the patient's the following named individuals and/or entities are the patient's illness or injury causing the hospital
the Office hundred and undersigned the penalt: Lien as de	of the Recorder of the deighty (180) days af dindividual executing the second perjury, hereby	rsuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within one ter the patient was discharged from the Hospital. The this instrument, having been duly sworn upon oath, under states that the Hospital intends to hold the Hospital at the facts and matters set forth in the foregoing
STATE OF IN	) ss:	(1) BY: Angle Division  Angle Division
	Inc., being duly sworn	being a <u>Patient Representative</u> for The Methodist upon oath, says that the facts stated in the foregoing  (2)  Angle Ojukich
Subsc	cribed and sworn to before, 2011.	ore me, a Notary Public, this <u>Bnd</u> day of <u>Lisa M. Stone</u>
My Commission Marchia	on Expires:	Notary Public A Resident of Lake County
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.		
This Instru		arle F. Hites, Attorney at Law 700 Broadway, Merrillville, IN 46410

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

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