MATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2011 029273

2011 MAY 27 AM 8: 51

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MICH RÉCURLER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Karin Pritchard				
Patient:	Karin Pritchard	Attorn	iey:		
	2301 E 69th Ave				
	Merrillville, IN	<u>464</u> 10			
Lake County 2293 North	Lake County, Indian Government Center Main Street , Indiana 46307		Indiana Depart 311 W. Washing Suite 300 Indianapolis,		е
IN 46402, shospital ca 1. and was dis 2. above hospi (\$ 2, 3. legal representations)	re hereby notified to intends to hold a Here, treatment or main the patient was admitted from the host of the amount due for talization is Two Tanger of the lessentative claims the damages arising from the lessentative claims the lessentat	ospital Lien for ntenance of the all itted to the hospital on April 2 hospital care, trehousand Two Hundre ars. Hospital's knowled at the following	all reasonable pove listed partial on April: 20, 201 eatment or mained Seventy-Nine dge, the paties named indiv	e and necessary tient as follows 20, 2011 1 ntenance during e nt or the patien viduals and/or e	charges for: the tr's
This the Office hundred and undersigned the penalti	Lien is being filed of the Recorder of deighty (180) days individual executinges of perjury, here escribed above and	pursuant to the H the County in wh after the patient g this instrument by states that the	ospital Lien I nich the Hospi was discharg , having been ne Hospital in	Law, I.C. Section ital is located, ged from the Hos duly sworn upon tends to hold to	n 32-33-4 in within one spital. The oath, under the Hospital
statement a	re true and correct.	TULE D	THODIST HOSPITA	ALS, INC.	e foregoing
COUNTY OF L	,	SEAL SEAL	Autuna		
Hospitals, are true an	ngie Djukich Inc., being duly swo d correct. ribed and sworn to b, 2011.	orn upon oath, say	ys that the fa <u>Angel</u> Angle D	DJURUK jekichy	e Methodist he foregoing
My Commissi	on Expires:		XX. 111.310	Notary Publ	ic
Much	24, 2019	A Resid	dent of <u>Lal</u>		
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	ment Prepared By:	Earle F. Hites, F 8700 Broadway, Me			

195/115

AMOUNT \$_

_CHARGE.

CASH___ CHECK #.

OVERAGE_ COPY____ NON-COM_ CLERK____ Official Seal
LISA M. STONE
Resident of Lake County, IN
My commission expires
March 24, 2019