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2011 MAY 27 AM 8:51

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MIC RECURLER LAAN

Return To:

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	William D Walker William D Walker 2512 Maryland St Gary, IN 46407	Attorney:		
Lake County 2293 North 1	Lake County, Indian Government Center Main Street , Indiana 46307	311 V Suite	ana Department of Insurance W. Washington Street e 300 anapolis, Indiana 46204	ē
IN 46402, in hospital can and was discapled to the spiral can be spiral	The patient was admicharged from the hose the amount due for talization is Twelve, 519.50 Dol To the best of the assentative claims the damages arising from the being filed	ospital Lien for all intenance of the above mitted to the hospital opital on May 01, hospital care, treatment of the Hundre lars. Hospital's knowledge, hat the following namom the patient's illepursuant to the Hospital's pursuant to the	ent or maintenance during to the patient or the patient or the patient and individuals and/or elness or injury causing to the patient tal Lien Law. L.C. Section	charges for the the tr's ntities are he hospital
hundred and undersigned the penalti Lien as de	of the Recorder of eighty (180) days individual executir es of perjury, here	the County in which after the patient was not this instrument, had by states that the H that the facts and	the Hospital is located, s discharged from the Hospital ving been duly sworn upon ospital intends to hold t matters set forth in the IST HOSPITALS, INC.	within one pital. The oath, under
STATE OF INI) ss:	(1) BY C	Angle Diukich	
I And Hospitals, i are true and	gie Djukich Inc., being duly swo d correct.	_, being a <u>Patient</u> orn upon oath, says th	Representative for The hat the facts stated in the	e Methodist e foregoing
	, 2011. on Expires:	efore me, a Notary Pub A Resident	Andie Djukich olic, this 11th day of NO Stone of Kalu County	.c
I affirm, u each social	nder the penalties	for perjury that I this document, unless	have taken reasonable care required by law.	e to redact
- Lo Inociun	Trepared by.	Earle F. Hites, Attor 8700 Broadway, Merril		

AMOUNT \$. CASH___ CHECK #. OVERAGE. COPY_ NON-COM_ CLERK_

1 12

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