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2011 MAY 27 AM 8: 51

MIC. RECORDER

200615842

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Baraka Berry			
Patient:	Baraka Berry	Attorney	λ:	
	530 W 55th Ln	<u> </u>		
	Merrillville, IN	46410		
Lake County 2293 North	Lake County, Indian Government Center Main Street , Indiana 46307	311 Sui	diana Department of Insurance 1 W. Washington Street ite 300	
			dianapolis, Indiana 46204	
1. and was dis 2. above hospi	re, treatment or mai  The patient was adm charged from the hos  The amount due for	ospital Lien for al ntenance of the above the spital of April 28, hospital care, treat thousand Seven Hundre	al on April 28, 2011  2011  Timent or maintenance during the	Gary, ges for
3.	To the best of the	Hospital's knowledge	the patient or the patient's	
<pre>legal repre liable for stay:</pre>	esentative claims th	nat the following n	named individuals and/or entiti illness or injury causing the ho	es are ospital
hundred and undersigned the penalti	l eighty (180) days individual executin es of perjury, here	the County in which after the patient was going this instrument, help states that the	pital Lien Law, I.C. Section 32-3 ch the Hospital is located, with was discharged from the Hospital having been duly sworn upon oath, Hospital intends to hold the Ho d matters set forth in the for	in one The under
statement a	re true and correct.	That the facts and	matters set forth in the for	egoing
			DDIST HOSPITALS, INC.	
STATE OF IN	) ss:	(1) BY		
	,	WOIANA	5	
I <u>And</u> Hospitals, are true and	gie Djukich Inc., being duly swo d correct.	orn upon oath, says	nt Representative for The Met that the facts stated in the for	hodist egoing
		(2)	angue Divirion	
Subsci May	ribed and sworn to be, 2011.	efore me, a Notary P	<del></del>	
(/ My Commissio	on Expires:	<i>\infty\lambda</i>	by M. Stene	
		A Residen	Notary Public at of Lake County	
March a	14,2019	11 110514311	t of <u>Lake</u> County	
I affirm, u each social	nder the penalties security number in t	for perjury, that I	I have taken reasonable care to s required by law.	redact
	ment Prepared By:	2	_	
	-	Earle F. Hites, Atto		

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

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