DIATE THE INDIANA EARL COURT FILED FOR PECORD

## 2011 029278

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TO:

2011 MAY 27 AM 8: 51

Mich RECUINDER WAN

Return To:

John Grigsby

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

Patient:	John Grigsby		Attorney:		
	973 Matthews	St			<del></del>
	Gary, IN 464	06	<del></del> -		
D			· · · · · · · · · · · · · · · · · · ·		<del></del>
Recorder of	Lake County,	Indiana		Department of Ins	surance
				ashington Street	
2293 North Main Street Suite Crown Point, Indiana 46307 India					
Crown Point	, Indiana 4630	/	Indianap	olis, Indiana 462	204
1. and was discabove hospit (\$ 98 3. legal representations)	The patient we charged from to the amount du talization is 1.00  To the best of the seentative cla	d a Hospital or maintenance as admitted to he hospital on e for hospital Wine Hundred Dollars. f the Hospital ims that the	the hospital on April 02, care, treatment Eighty-One sknowledge, the following named	Sonable and nece ted patient as for April 02, 2011 or maintenance de patient or the principle of the princip	2011 uring the
stay:	admages at 131	ing from the	patient's littles	s or injury cau:	sing the hospital
the Office hundred and undersigned the penalti Lien as de	of the Record eighty (180) individual ex es of perjury	der of the Cou days after the ecuting this i hereby state and that the	nty in which the ne patient was di nstrument, having s that the Hospi e facts and mate	e Hospital is locker is charged from the period of the second second intends to the second second intends to the second intense second in the second intended int	Section 32-33-4 in cated, within one he Hospital. The upon oath, under hold the Hospital in the foregoing
			THE METHODIST	HOSPITALS, INC.	
STATE OF INI	AKE )	(1)	DEAL MOIANA	ngle Djukich	<u>た</u>
I And Hospitals, I are true and	ngie Djukich Inc., being du d correct.	ly sworn upon (2)	oath, says that	the facts stated	or The Methodist in the foregoing
		(2)		gie Digkich	<u>/C</u>
Malf	ribed and sworm	n to before me,	<i>7</i> .	, , , , , , , , , , , , , , , , , , , ,	ay of
My Commissio	on Evnings.		Jus 112		
_			A Resident of		y Public County
Maich D	9,001				
each social	security number	er in this docu	ury, that I have ment, unless requ	taken reasonabl	le care to redact
This Instrum	ment Prepared I	Earle F.	Hites, Attorney padway, Merrillvii		
	AMOUI CASH- CHEC OVER	CHANGE 79 17299		SEAL Officia LISA M. Resident My com March 2	STONE t of Lake County, IN mission expires

1900

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