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MICH LIMAN RECORDER

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Jerome Ma	ack .				
Patient:	Jerome Ma	ack	Att	orney:		
	1221 W 9	oth Ave				
	Crown Po:	int, IN 4	<u>630</u> 7			
			··-			
Recorder of			la	Indiana D	Department of	Insurance
Lake County 2293 North					ashington Stre	et
Crown Point				Suite 300		16001
orown torne	, indiana	10307		тпатапарс	olis, Indiana	46204
1. and was dis 2. above hospit (\$\frac{3}{3}\$. legal representations)	The patient of the amount of the amount of the amount of the the second of the sec	hold a He ent or mai nt was adm om the hos t due for is Three) Doll st of the claims th	ospital Lien for ntenance of the nitted to the hopital on Apri hospital care, Thousand Nine ars. Hospital's known at the following the name of the collowing the following the following the second s	above list spital on A 126 treatment of Hundred Thi ledge, the	April 26, 2011 or maintenance rty-Seven and patient or the	2011 during the 25/100
stay:						
hundred and undersigned the penalti	of the Red eighty (1 individual les of period at the control of the Red of the Red of the Red of the Control of the control of the control of the Control of the Red of the Red of the Red of the Control of the Red of the Red of the Control of the Red of the Red of the Red of the Red of the Control of the Red of the Control of the Contr	corder of .80) days l executin jury, here bove and	the County in after the pating this instrumed by states that that the facts	which the ent was dient, having the Hospits and matt	Hospital is scharged from been duly swotal intends to	orn upon oath, under o hold the Hospital h in the foregoing
			(1) BY:		mare Dixid	? Wh
STATE OF IN	DIANA)			Angie Djukic	h
COUNTY OF L	AKE) 55:	E .SE	Alexand SE		
		,	Star NOI	ANA		
	ngie Djuk		_, being a	Patient Re	presentative	for The Methodist
Hospitals,	Inc., being	g duly swo	orn upon oath,	says that t	The facts stat	ted in the foregoing
are true an	a correct.			Ω	2010 A	1 4 12
			(2)		yw HW	W.C.
Subsc	ribed and s	worn to b	efore me, a Not	arv Public.	this 250	day of
May	, 2011.					-
				Dux; D	n. Stene	
My Commissi	on Expires:		7 5		77, SFENC Note	ary Public
100006	34,2019	Ž	A Re	sident of _	Lake	County
I affirm, ι each social	nder the partity r	penalties number in	for perjury, t	hat I have unless requ	taken reason. ired by law.	able care to redact
This Instru			5_			
		ou by.	Earle F. Hites 8700 Broadway,			
		1.1				
	AMOU CASH	CHARGE	99_		Officia LISA M. Resident	I Seal STONE t of Lake County, IN mission expires
	CHEC				Wolate March 2	24, 2019

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