STATE OF METANA LAKE COUNTY FILED FOR RECORD

2011 0292821

2011 MAY 27 AM 8: 51

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MICH RECUMUER

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

| TO: | waiter Russell | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Patient: | Walter Russell | Attorney: |
| | 2324 Monroe St #2 | |
| | Gary, IN 46407 | |
| Pogordor of | Lake County, Indian | Indiana Danastasah at Indiana |
| | Government Center | a Indiana Department of Insurance 311 W. Washington Street |
| 2293 North Main Street | | Suite 300 |
| | , Indiana 46307 | Indianapolis, Indiana 46204 |
| | , indiana 4050, | indianapoils, indiana 40204 |
| IN 46402, i hospital can land was discalled to the control of the | The patient was admicharged from the hose The amount due for talization is | that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, espital Lien for all reasonable and necessary charges for intenance of the above listed patient as follows: itted to the hospital on March 01, 2011 pital on March 03, 2011 hospital care, treatment or maintenance during the housand Nine Hundred Eighty and 75/100 lars. Hospital's knowledge, the patient or the patient's last the following named individuals and/or entities are om the patient's illness or injury causing the hospital pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within one after the patient was discharged from the Hospital. The g this instrument, having been duly sworn upon oath, under |
| the penalti | es of perjury, here | by states that the Hospital intends to hold the Hospital |
| Lien as de | scribed above and | that the facts and matters set forth in the foregoing |
| | re true and correct. | The contract of the contract o |
| | | THE METHODIST HOSPITALS, INC. |
| | | 11 Duran Out Diah |
| STATE OF IN | DIANA) | (1) BY: Agie Drukich |
| COUNTY OF L | | SEAL WOLANA CHILIF |
| I A | ngie Djukich | , being a Patient Representative for The Methodist |
| Hospitals, | Inc., being duly swo | orn upon oath, says that the facts stated in the foregoing |
| are true and | d correct. | Λ |
| | | (2) (Myl Muk'lch) Angżę Djukich |
| | ribed and sworn to b , 2011. | efore me, a Notary Public, this 310° day of |
| V My Commissi | on Expires: | Notary Public |
| march | 24,2019 | A Resident of <u>Lake</u> County |
| I affirm, u each social | under the penalties security number in | for perjury, that I have taken reasonable care to redact this document, unless required by law. |
| This Instru | ment Prepared By: | 273 |
| | | Earle F. Hites, Attorney at Law |
| | | 8700 Broadway, Merrillville, IN 46410 |
| | | |
| | | Official Seal |

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

SEAL STONE
Resident of Lake County, IN
My commission expires
March 24, 2019

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1911/0