TALE OF MINAMA CANE COUNTY FILED FOR RECORD

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Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT	& NOTICE OF INTENTION TO HOLD HOSPITAL LIEN
TO: Trenika William Patient: Trenika William 6539 Harrison Merrillville,	Attorney:
Recorder of Lake County, Inc Lake County Government Cente 2293 North Main Street Crown Point, Indiana 46307	
IN 46402, intends to hold hospital care, treatment or 1. The patient was and was discharged from the 2. The amount due fabove hospitalization is Ni (\$ 936.50 Dol 3. To the best of the legal representative claims	and that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, a Hospital Lien for all reasonable and necessary charges for maintenance of the above listed patient as follows: admitted to the hospital on April 21, 2011 hospital on April 22, 2011 for hospital care, treatment or maintenance during the me Hundred Thirty-Six and 50/100 lars. The Hospital's knowledge, the patient or the patient's that the following named individuals and/or entities are from the patient's illness or injury causing the hospital
This Lien is being fit the Office of the Recorder hundred and eighty (180) da undersigned individual execut the penalties of perjury, h	led pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in of the County in which the Hospital is located, within one ays after the patient was discharged from the Hospital. The sting this instrument, having been duly sworn upon oath, under nereby states that the Hospital intends to hold the Hospital and that the facts and matters set forth in the foregoing ect. THE METHODIST HOSPITALS, INC.
STATE OF INDIANA) COUNTY OF LAKE)	Angie Djykich
Hospitals, Inc., being duly	being a Patient Representative for The Methodist sworn upon oath, says that the facts stated in the foregoing (2) Angle Djurich day of
Subscribed and sworn to $\mathcal{M}_{\mathcal{U}}$, 2011.	
My Commission Expires:	Notary Public A Resident of Lake County
- 7 March 24, 2019	
I affirm, under the penalti each social security number	es for perjury, that I have taken reasonable care to redact in this document, unless required by law.
This Instrument Prepared By:	Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410
AMOUNT \$	Official Seal

CASH__ CHECK # OVERAGE. COPY_ NON-COM_ CLERK____ LISA M. STONE
Resident of Lake County, 1N
My commission expires
March 24, 2019

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19-076