STALE OF INGIANA LAKE COUNTY FILED FOR RECORD

2011 029288

2011 MAY 27 AM 8: 51

100395078

TO:

MICH RECONDER

Return To:

Dorita Johnson

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Deandre M Johnson	Attorney:	
	2678 Fillmore St		The state of the s
	Gary, IN 46407		
Lake County 2293 North	Lake County, Indian Government Center Main Street , Indiana 46307	311 W. W Suite 30	Department of Insurance Washington Street O Holis, Indiana 46204
You a IN 46402, i	re hereby notified t ntends to hold a Ho	- hat THE METHODIST HOSPITA	ADS, INC., 600 Grant Street, Gary, sonable and necessary charges for
above hospi (\$ 66 3. legal repre	charged from the hos The amount due for talization is Six H 9.00) Dollar To the best of the esentative claims the	hospital care, treatment undred Sixty-Nine se Lake County Reco Hospital's knowledge, the nat the following named	or maintenance during the
the Office hundred and undersigned the penalti Lien as de	of the Recorder of leighty (180) days individual executing es of perjury, here	the County in which the after the patient was day this instrument, having by states that the Hospathat the facts and mat	Lien Law, I.C. Section 32-33-4 in the Hospital is located, within one ischarged from the Hospital. The group been duly sworn upon oath, under ital intends to hold the Hospital ters set forth in the foregoing HOSPITALS, INC.
STATE OF IN) ss:	(1) BY:	ngel gurk who
	ngie Djukich Inc., being duly swo d correct.	orn upon oath, says that $(2) \qquad \qquad$	epresentative for The Methodist the facts stated in the foregoing
<u> 11/60 j</u>	, 2011.	efore me, a Notary Public	Angie Djukich this 3 ^{vil} day of
My Commissi	on Expires:	A Resident of	Notary Public Lake County
each social	under the penalties security number in ment Prepared By:	for perjury, that I have this document, unless requested the Earle F. Hites, Attorney 8700 Broadway, Merrillvi	at Law
	AMOUNT \$CHARGE_ CHECK #	<u> </u>	Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019

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43081

CASH___ CHECK#_ OVERAGE. COPY_ NON-COM.

CLERK_