2011 042144



2011 AUS -4 PM 3: 33

100385319



Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

TO:	Marlon Br	own .			
Patient:	Marlon Br	own	Attorney	7: Go1	dberg, Weisman & Cairo
	4381 Linc			One	E. Wacker Dr #3800
	Gary, IN	46408			cago, IL 60601
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307			Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204		
IN 46402,	intends to	hold a Hospi	tal Lien for al	l reaso	S, INC., 600 Grant Street, Gary, mable and necessary charges for d patient as follows:
2.	scharged fro The amount	m the hospita due for hosp	d to the hospital on <u>March 09</u> , sital care, treat	ment or	2011
above hosp $(\frac{\$}{2})$	italization ,123.25	is <u>One Thous</u> _) Dollars.	and One Hundred	Twenty-	Three and 25/100
legal repr liable for stay:	resentative	claims that	the following n	amed	atient or the patient's individuals and/or entities are or injury causing the hospital
the Office hundred an undersigne the penalt Lien as d	e of the Rec d eighty (1 d individual ies of perj	corder of the 80) days afte executing th ury, hereby s ove and that	e County in which can the patient on the patient on the states that the states and	ch the H was disc having h Hospita d matte:	den Law, I.C. Section 32-33-4 in Hospital is located, within one tharged from the Hospital. The been duly sworn upon oath, under hold the Hospital intends to hold the Hospital is set forth in the foregoing
CEARS OF T	NOTANA		(1) BY:	1 an	spitals, inc.
STATE OF I	NDIANA)	JEAL	An	gie Djukkch
COUNTY OF	LAKE) ss:)	WINDIANA		
ΙA	ngie Djukic	h	being a Patie	n+ Don-	
Hospitals,	Inc., being		being a <u>Patie</u> upon oath, says	that th	resentative for The Methodist e facts stated in the foregoing
are true a	nd correct.		(2)	Z1	Je Djukich
Subs Julij	cribed and s	worn to befor	e me, a Notary E	Public,	this <u>75/11</u> day of
My Commiss	ion Expires:				Notary Public
March	24, 2019		A Resider	nt of	Lake County
I affirm, each socia	under the p l security n	enalties for umber in this	perjury, that is document, unless	I have t ss requi:	taken reasonable care to redact red by law.
This Instr	ument Prepar	ed By:	2		

Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410

AMOUNT \$. CASH_ CHECK #. OVERAGE. COPY-NON-COM. CLERK_

Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019

E