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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: | Myisha Holmes | | | |
|---|---|--|--|--|
| Patient: | Myisha Holmes | Attorney | <i>7</i> : | |
| | 5806 Cypress Ave | | · · · · · · · · · · · · · · · · · · · | |
| | Gary, IN 46403 | _ | | |
| | | | | - |
| Recorder of | Lake County, India | | diana Department of | Insurance |
| Lake County | Government Center | | l W. Washington Str | reet |
| 2293 North | Maın Street , Indiana 46307 | | Lte 300 | |
| CIOMU POINC | , indiana 4630/ | Inc | dianapolis, Indiana | 1 46204 |
| 1. and was disc 2. above hospit (\$\frac{1}{1},\frac{1}{3}\$. legal repreliable for stay: This is the Office hundred and undersigned | The patient was addressed from the hold and the charged from the hold and the charged from the hold and the charged from the formal talization is Tone of the charges arising from the charges arising from the charges arising from the charge from the charges arising from the charges are charges | mitted to the hospital spital on July 08, hospital care, treat Thousand One Hundred lars. Hospital's knowledge hat the following nom the patient's instrument. | l reasonable and re listed patient and re listed patient and all on July 08, 2011 Ement or maintenance of the patient or to amed individuals allness or injury pital Lien Law, I. The Hospital is was discharged from anying been duly as a caying a caying been duly as a caying a caying been duly as a caying | 2011 ce during the (100) the patient's and/or entities are causing the hospital C. Section 32-33-4 in |
| bren as de | re true and correct. | that the facts and | d matters set for | th in the foregoing |
| COUNTY OF LA |) ss: | SEAL WOIANA | Aligae Djukuc | U |
| | ngie Djukich Inc., being duly sw d correct. | being a Patier orn upon oath, says | that the facts sta | for The Methodist ated in the foregoing |
| July Subscr | ribed and sworn to b , 2011. | pefore me, a Notary P | <u> </u> | \mathcal{I}_1 day of |
| My Commissio | on Expires: | | 20 172 Stelle | |
| | 34, 2619 | A Residen | t of <u>Lake</u> | tary Public County |
| I affirm, u each social | nder the penalties security number in | for perjury, that I | have taken reasos required by law. | nable care to redact |
| This Instrum | ment Prepared By: | Earle F. Hites, Att 8700 Broadway, Merr | | |
| AMOUNT \$ CASH CHECK #_ OVERAGE COPY NON-COM | CHARGE /7437 | | SEAL PRESI | icial Seal M. STONE dent of Lake County IN commission express ch 24, 2019 |