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MICHELLE P FAJMAN RECORDER

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Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Dedrick Lockett  Dedrick Lockett  1279 W 57th Ave #J245  Merrillville, IN 46410	Attorney:		
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 w Suite	ana Department of Insuranc J. Washington Street e 300 anapolis, Indiana 46204	e
IN 46402, 3	intends to hold a Hospita	al Lien for all	PITALS, INC., 600 Grant S reasonable and necessary listed patient as follows	charges for
above hospi (\$ 3, 3. legal repre	982.00 ) Dollars.  To the best of the Hospi esentative claims that the	on July 04, tal care, treatme sand Nine Hundred tal's knowledge,	nt or maintenance during Eighty-Two	t's
This I the Office hundred and undersigned the penalti-	eighty (180) days after individual executing thi es of perjury, hereby st scribed above and that re true and correct.  DIANA ) ss:	County in which the patient was s instrument, hav ates that the Ho the facts and r	tal Lien Law, I.C. Section the Hospital is located, discharged from the Hosping been duly sworn upon espital intends to hold that ters set forth in the ST HOSPITALS, INC.  Angie Sjukich	within one pital. The oath, under
IAr	ngie Djukich , be Inc., being duly sworn up d correct.	on oath, says the	Representative for The at the facts stated in the Angle Bijukich	e Methodist e foregoing
Subscr	ribed and sworn to before	me, a Notary Publ	lic, this $1314$ day of	<del>.</del> .
My Commission March 2	<del>-</del>	A Resident o	Notary Publi	
I affirm, un each social	nder the penalties for p security number in this d	erjury, that I h	ave taken reasonable care	e to redact
This Instrum	ent Prepared By: Earle 8700	F. Hites, Attorn Broadway, Merrill	ney at Law ville, IN 46410	
	AMOUNT \$CHARGECHECK #OVERAGE		Official Seal LISA M. STONE Resident of Lake C. My commission ex March 24, 2019	ounty, IN pires

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NON-COM. CLERK.