STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2011 042914

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MICHELLE A FAJMAN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Karnell D Price		
Patient:	Karnell D Price 2323 N 25th St	Attorney:	
	Lafayette, IN 479	04	
D 1 6			
Lake County 2293 North	Lake County, Indian Government Center Main Street , Indiana 46307	suite	ana Department of Insurance W. Washington Street e 300
			anapolis, Indiana 46204
IN 46402, i	intends to hold a Ho	ospital Lien for all	SPITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
	charged from the hos	itted to the hospital pital on C July 02,	2011
above hospi (\$ 4,	The amount due for talization is Four 530.75	Thousand Five Hundred	ent or maintenance during the Thirty and 75/100
3.	To the best of the	Hospital's knowledge,	the patient or the patient's
<pre>legal repre liable for stay:</pre>	esentative claims th	at the following nam	ned individuals and/or entities are lness or injury causing the hospital
the Office hundred and	of the Recorder of eighty (180) days	the County in which after the patient was	tal Lien Law, I.C. Section 32-33-4 in the Hospital is located, within one s discharged from the Hospital. The
the penalti Lien as de	es of perjury, here scribed above and	by states that the H	ving been duly sworn upon oath, under ospital intends to hold the Hospital matters set forth in the foregoing
statement a	re true and correct.	THE METHODI	IST HOSPITALS, INC.
		(1) BY:	Ungue Diverch
STATE OF INI COUNTY OF LA) ss:		Angie Djukich
I	Angie Djukich	, being a <u>Patient</u>	Representative for The Methodist
Hospitals, i are true and	Inc., being duly swo d correct.	rn upon oath, says th	nat the facts stated in the foregoing
		(2)	Mga Dyr Wil Angie Tjukich
	ribed and sworn to be $_{-}$, 2011.	efore me, a Notary Pub	olic, this 1371 day of
My Commission	on Expires:	Minc, M.S	Notary Public
morch.	24, 2019	A Resident	of Lake County
I affirm, u each social	nder the penalties security number in t	for perjury, that I lithis document, unless	have taken reasonable care to redact required by law.
This Instrum	ment Prepared By:		<u> </u>
		Earle F. Hites, Attor 8700 Broadway, Merril	and the second s
	AMOUNT \$ //-		Official Seal
	CASHCHARGE_ CHECK #		LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019
	OVERAGE		March 24, 2019

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OVERAGE_ COPY____ NON-COM_

CLERK.

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