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Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

undersigned individual executing this instrument, having been duly sworn upon oath, under the penalties of perjury, hereby states that the Hospital intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.  THE METHODIST HOSPITALS, INC.  STATE OF INDIANA  SS:  COUNTY OF LAKE  I Angie Diukish	Patient: Marshawna 5806 Cypr Gary, IN	ress Ave #215 46403	rney:
In 4602, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:  1. The patient was admitted to the hospital or folly 08, 2011 2. The amount due for hospital or following and was discharged from the hospital or following and was discharged from the hospital or following and the hospital care, treatment or maintenance during the above hospitalization is roke Treusand One Bindered Forty-Toper and 25/100  [5] 1,144.25 3. To the best of the Hospital Chouleges the Gallent or the patient's legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay:  This Lien is being filed pursuant to the Bospital Lien haw, I.C. Section 32-33-4 in the Office of the Records of the County in which the dospital is located, within one hundred and eighty (180) days arter the patient was discharged from the Rospital. The undersigned individual executing this instrument, having been duly sworn upon oath, under the penalties of perjury, hereby states that the Hospital intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.  THE METHODIST HOSPITALS, INC.  THE METHODIST HOSPITALS, INC.  (1) Subscribed and sworn to before me, a Notary Public, This May day of Lake County Angle Djukich Angle Djukich Angle Djukich Angle Djukich Angle Djukich Angle Djukich County Angle Djukich County Angle Djukich County Angle Djukich Angle Djukich Angle Djukich Angle Djukich County Coun	Lake County Government 2293 North Main Street	Center	311 W. Washington Street Suite 300
This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, baving been duly sworn upon oath, under the penalties of perfury, hereby states that the Hospital intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.  STATE OF INDIANA  The METHODIST HOSPITALS, INC.  (1) Sy: In Angle Dickich  Angle Dickich  Subscribed and sworn upon oath, says that the facts stated in the foregoing are true and correct.  (2) Angle Dickich	1. The patier and was discharged from 2. The amount above hospitalization (\$\frac{1}{144.25}\$ 3. To the pessional personal person	hold a Hospital Lien for ent or maintenance of the and the was admitted to the hospital on July 0 due for hospital care, true is rone Thousand One Hundry Dollars.  St of the Hospital's knowled claims that the following	all reasonable and necessary charges for above listed patient as follows:  Dital on July 08, 2011  D8, 2011  Ceatment or maintenance during the fed Forty-Four and 25/100  Edge, the patient or the patient's are individuals and/or entities are
STATE OF INDIANA  COUNTY OF LAKE  I Angie Djukich Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.  (2)  Subscribed and sworn to before me, a Notary Public, this /// day of  My Commission Expires:  A Resident of Lake  Notary Public  A Resident of Lake  County  I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.  This Instrument Prepared By:  Earle F. Hites, Attorney at Law	This Lien is being the Office of the Rechundred and eighty (1) undersigned individual the penalties of perjulien as described ab	ing filed pursuant to the lacorder of the County in w 80) days after the patien. executing this instrument ury, hereby states that to ove and that the facts correct.	Hospital Lien Law, I.C. Section 32-33-4 in which the Hospital is located, within one of was discharged from the Hospital. The t, having been duly sworn upon oath, under the Hospital intends to hold the Hospital and matters set forth in the foregoing
Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.  (2)  Angle Djukith Angle Djuki	COUNTY OF LAKE	) ss:	ALLIUM STATE OF THE STATE OF TH
My Commission Expires:    Notary Public   A Resident of   Lake   County	Hospitals, Inc., being are true and correct.	duly sworn upon oath, sa	ys that the facts stated in the foregoing
A Resident of Lake County  I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.  This Instrument Prepared By:  Earle F. Hites, Attorney at Law	<u>flelej</u> , 2011.		· · · · · · · · · · · · · · · · · · ·
This Instrument Prepared By:  Earle F. Hites, Attorney at Law		7 Doni	Notary Public
order produced, Merritte, IN 40410	odon bootal becalley if	ed By:  Earle F. Hites, i	Attorney at Law

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

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