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TO:

Mrc. RECURSER MAN

Return To:

Howard Ward, Jr

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Howard Ward, Jr	Attorney:	
	637 W Ridge Rd		
	Gary, IN 46408		
Pecordor of	f Lake County, Indian		
Lake Counts	y Government Center	<u> </u>	artment of Insurance
	Main Street	311 W. Wash	ington Street
	t, Indiana 46307	Suite 300	T 11 10004
CIOWII FOIM	L, Indiana 46507	Indianapoli	s, Indiana 46204
1N 46402, hospital ca	intends to hold a H are, treatment or mai The patient was adm	ospital Lien for all reasonantenance of the above listed OCUMENT 1S itted to the hospital on July	v 08. 2011
and was dis	scharged from the hos The amount due for	pital on July 15, hospital care, treatment or n	2011
above hospi	italization is Fifty	One Thousand Five Hundred To	wolve
(\$ 51	1,512.00) Dol	Joeument is the propert	701
3.	To the best of the	Hospital s knowledge, the pa	tient or the nationt's
legal repr	esentative claims th	at the following named in	dividuals and/or entities are or injury causing the hospital
the Office hundred and undersigned the penalt: Lien as de	of the Recorder of deighty (180) days dindividual execution ies of perjury, here	the County in which the Ho after the patient was disch g this instrument, having be by states that the Hospital that the facts and matters	en duly sworn upon oath, under intends to hold the Hospital set forth in the foregoing
STATE OF IN		(1) BY: L(Y) Angle,	Gul A UR UN
COUNTY OF L	AKE) SS:	EAL WOUND LITTE	
T Ar	ngie Djukich	, being a Patient Repre	/
		, being a <u>Patient Repre</u>	sentative for The Methodist
are true an	d correct	orn upon oath, says that the	facts stated in the foregoing
are crac an	d correct.	(2) Angue	D. D. A.
		Angi	AURICA le (bjukich
Subsc	ribed and sworn to be , 2011.	atore me, a notary rubire, tr	its \bigcirc 0 day of
1000/		Ting Mr. Ste	9-11/1
My Commissi	on Expires:		Notary Public
March	24, 2619	A Resident of	Lake County
I affirm, ι each social	under the penalties security number in	for perjury, that I have ta this document, unless require	ken reasonable care to redacted by law.
This Instru	ment Prepared By:	Earle F. Hites, Attorney at	Law
	. 1	8700 Broadway, Merrillville,	IN 4041U
AMOUN	VT \$		
CASH	CHARGE (#/7457		Official Seal
CHECK	(# <u>/7457</u>	1 /	LISA M. STONE Resident of Lake County, IN
OVERA	GE	4 (2	My commission expires
COPY_		â\	March 24, 2019

11-11

CHECK#_ OVERAGE. COPY____NON-COM_ CLERK___