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MICH SWAN RECURDER

## Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Elizabeth Post Elizabeth Post 203 Burlington Be Valparaiso, IN 46		:	
Lake County 2293 North 1	Lake County, Indian Government Center Main Street , Indiana 46307	311 Suit	iana Department of Insurance W. Washington Street te 300 ianapolis, Indiana 46204	<b>&gt;</b>
IN 46402, i hospital call and was discall above hospital (\$\frac{7}{3}\$. legal repreliable for	The patient was admicharged from the hose The amount due for talization is Seven 505.75 ) Doll To the best of the esentative claims the	ospital Lien for all ntenance of the above witted to the hospital pital on July 13, hospital care, treatm Thousand Five Hundre ars.  Hospital's knowledge, nat the following na	2011 ment or maintenance during t	charges for  : :he :'s
This the Office hundred and undersigned the penalti	Lien is being filed of the Recorder of eighty (180) days individual executines of perjury, here	pursuant to the Hosp the County in which after the patient want ag this instrument, he by states that the that the facts and	ital Lien Law, I.C. Section the Hospital is located, as discharged from the Hosp aving been duly sworn upon Hospital intends to hold t matters set forth in the	32-33-4 in within one pital. The oath, under
STATE OF INI	DIANA ) se:		CARLE Angles Daukith	<u>«</u>
I <u>I</u> Hospitals, i	Angie Djukich Inc., being duly swo d correct.	being a <u>Patien</u> orn upon oath, says t	t Representative for The that the facts stated in the Lingul Alukich	Methodist e foregoing
Subscr July My Commission Mach	, 2011. on Expires:		Angile Djukich ablic, this 25th day of  Notary Public of Lake County	
I affirm, u each social	nder the penalties	for perjury, that I this document unless  Earle F. Hites, Atto 8700 Broadway, Merri	erney at Law	to redact
AMOUNT S CASH CHECK #- OVERAGE			Official Seal LISA M. STONE Resident of Lake Cou My commission expl March 24, 2019	unty, IN ires