2011 044135

2011 AUG 17 AM 9: 12

100412692

MICHELLE PLEAUMAN RECORDER

Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Jackie Brown			
Patient:	Jamareon L Grady	Attorney:		
	3770 Monroe St			
	Gary, IN 46408	·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
				
	Lake County, Indian Government Center		ana Department of W. Washington Stre	
_	Main Street		e 300	
	, Indiana 46307		anapolis, Indiana	46204
			_	
IN 46402,	intends to hold a Ho	hat THE METHODIST HOS ospital Lien for all ntenance of the above	reasonable and ne	ecessary charges for
1. and was dis		itted to the hospital pital on July 16,		2011
2.	The amount due for	hospital care, treatme	ent or maintenance	during the
	talization is <u>Five</u> 09.00) Dollar	Hundred Nine	IAL	
3.	To the best of the	Hospital's knowledge/	the patient or th	e patient's
legal repre	esentative claims th	at the following nam	ned individuals	and/or entities are
liable for stay:	damages arising fro	om the patient's il	lness or injury o	causing the hospital
This	Lien is being filed	pursuant to the Hospi the County in which	tal Lien Law, I.C	Section 32-33-4 in
hundred and	d eighty (180) days	after the patient wa	s discharged from	the Hospital. The
undersianed	l individual execution	g this instrument, ha	wing been duly sw	orn upon oath under
the penalti	les of perjury here	by states that the H	iosnital intends t	of hold the Hospital
Lien as de	escribed above and	that the facts and	matters set fort	th in the foregoing
	re true and correct.			The the tologothing
		THE METHOD	IST HOSPITALS, INC	1
		THE DEKY OF THE		
		(1) BY:	Unque All	irich_
STATE OF IN			Angie Djukich	
COUNTY OF L) SS:			
COONII OF L	ARE)	E SEAL SEAL		
I	Angie Djukich	, being a Patient	Representative	for The Methodist
		orn upon oath, says t		
are true an		1		,
		(2)	Ungue An	se ich
			Angie Djukich	
Subsc		efore me, a Notary Pul	olic, this 2571	day of
juy	, 2011.	Dr.	mclone	
Mu Commicati	an Erminan	1)0091	1/6 S 70/W	
My COMMISSI	on Expires:	7 Dogidant		ary Public
March	124,2019	A Resident	of <u>Lake</u>	County
I affirm,	under the penalties	for perjury, that I	have taken reasor	able care to redact
		this document, unless		able care to reace
This Instru	ment Prepared By:			
		Earle F. Hites, Atto	rney at Law	
		8700 Broadway, Merri	llville, IN 46410	
	1/			
λλα	OUNT \$		and the second second	
CAS	SHCHARGE		ARY PUSA	Official Seal LISA M. STONE
CH	ECK #		1/2 (GRAL)	l Resident of Lake County, IN
0/	ERAGE		1 Variable	My commission expires March 24, 2019
٠,		▶	· · ·	WIGHTON - 1, -0.0

NON-COM PO

COPY_

E