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2011 AUG 17 AM 9: 12

MICHELLE D. FAJMAN RECORDER

Return To:

100390667

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Kenneth Chism			
Patient:	Kenneth Chism	Attorney:		
	3911 Kentucky St			
	Gary, IN 46409		,	
_				
	Lake County, Indian		ana Department of	
	Government Center		W. Washington Stre	et
	Main Street		e 300	
Crown Point	, Indiana 46307	Indi	anapolis, Indiana	46204
IN 46402, 3	intends to hold a Here re, treatment or mai	that THE METHODIST HOS ospital Lien for all ntenance of the above	reasonable and ne listed patient as	cessary charges for
1. and was dis	The patient was adm charged from the hos	itted to the hospital pital on _April 02,	on April 02,	2011
2.		hospital care, treatm		during the
	talization is <u>One T</u> 519.75 Doll	<u>housand Five Hundred</u> ars.	Nineteen and 75/10	0
J.	To the best of the	Hospital's knowledge,	the patient or the	e patient's
liable for	damaged ariging for	nat the following nar	ned rdindividuals	and/or entities are
stay:	damages arising in	om the patient's il	iness or injury c	ausing the hospital
ocay.				
This	Lien is being filed	pursuant to the Hospi	tal 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	l eighty (1 <mark>80) d</mark> ays	after the patient wa	s discharged from	the Hospital. The
undersigned	individual executin	g this instrument, ha	ving been duly swo	rn upon oath, under
the penalti	es of perjury, here	by states that the H	Cospital intends to	o hold the Hospital
Lien as de	scribed above and	that the facts and	matters set fort	h in the foregoing
statement a	re true and correct.		TOM HACDIMATO TATO	
		THE METHOD.	IST HOSPITALS, INC	•]
		(1) BY:	anow Dive	(ch)
STATE OF IN	DIANA		Angle Djukich	
) ss:		0	
COUNTY OF L	AKE)	E SEAL ST		
ΤΛη	gie Djukich	bod na WOLANA SHILL		C (71)
		, being a <u>Patient</u> orn upon oath, says t	hat the facts state	for The Methodist
are true and	d correct.	orin apon cacii, says c.	at the lacts stat	ed in the foregoing
		(2)	(Inna Derioli	chi
		<u> </u>	Aprie Djukich	
Subsc	ribed and sworn to b	efore me, a Notary Pub	olic, this 25	day of
guy	, 2011.	25	γ C_{1}	
U		/1000 //	11. Store	
My Commissi	on Expires:	7		ary Public
march	24,2019	A Resident	of <u>Lake</u>	County
I affirm, u each social	under the penalties security number in	for perjury, that I this document, unless	have taken reasonate required by law	able care to redact
		\(\)		
This Instru	ment Prepared By:			
		Earle F. Hites, Attor		
		8700 Broadway, Merri	Liville, IN 46410	
	1			
AMO	UNT \$-CHARGE			ial Seal
CASH	04 # 17460		a ay P/	A CTONE
CHE	CK#		1/9/\S\ Bosid	ent of Lake County, IN commission expires
COL	RAGE		March March	24, 2019

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NON-COM_ CLERK_

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