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200635948, 200651946

Ava L Brown

TO:

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Michigan MECUADAH

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

Patient:	Ava L Brown	Attorney:	
	1046 Eaton St		<del></del>
	Hammond, IN 46320		
		_	
Recorder of	Lake County, Indiana	Indiana Dep	artment of Insurance
	Government Center		ington Street
-	Main Street	Suite 300	-
Crown Point	, Indiana 46307	Indianapoli	s, Indiana 46204
		-	
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, 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 on June 24, 2011			
2.	The amount due for ho	tal on August 2, spital care, treatment or	maintenance during the
above hospi (\$ 3,14	9.00 ) Dollars.	Thousand One Hundred	
3.	To the best of the Ho	spital's knowledge, the pa	tient or the patient's
liable for			ndividuals and/or entities are or injury causing the hospital
stay:			
the Office	of the Recorder of t	he County in which the He	en Law, I.C. Section 32-33-4 in ospital is located, within one
		fter the patient was disch	
			een duly sworn upon oath, under
			l 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 HASPITALS, INC.			
		THE METHODIST HOS	PITALS, INC.
		(1) BY:	ngie Driverch
STATE OF IN	IDTANA		ole Djukich
011112 01 11	) 55:	E SEAL STATE	STE BY CHEP!
COUNTY OF I		WOLANA WILL	
		The state of the s	
	ngie Djukich , Inc., being duly sworm		esentative for The Methodist e facts stated in the foregoing
are true ar	nd correct.		A
		(2)	rgie prisich
Subsc	cribed and sworn to bef	Ang ore me, a Notary Public, t	te Djukich His day of
(lugust	, 2011.	Lis m. S	
-	ion Expires:	A Resident of	Notary Public Lake County
117acc/7=	24,2019		
		or perjury, that I have the comment, unless require	aken reasonable care to redact red by law.
This Instru	ument Prepared By: _		
		Carle F. Hites, Attorney at 1700 Broadway, Merrillville	
	11 -		
AMOL CASH			Official Seal LISA M. STONE
CHE	CK#		Resident of Lake County, IN
OVE			My commission expires March 24, 2019
COP	V		

192/43 00-1-005

NON-COM\_ CLERK\_\_\_