SIFTE DE INDIANA LAKÉ POUHTY FILED FOR RECORD

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Michael Wright	
Patient:	Michael Wright	Attorney:
	1077 Tyler St Gary, IN 46402	
	Lake County, Indiana	-
Lake County Government Center 311 W. Washington Street 2293 North Main Street Suite 300 Crown Point, Indiana 46307 Indianapolis, Indiana 46204		311 W. Washington Street
You a IN 46402, is hospital ca 1. and was dis 2. above hospi (\$ 24 3. legal repressible for stay: This the Office hundred and undersigned the penalti Lien as de	re hereby notified the intends to hold a Ho re, treatment or main. The patient was admit charged from the hosp. The amount due for he talization is Twenty, 709.90 To the best of the Hessentative claims the damages arising from the Recorder of the eighty (180) days at individual executing tes of perjury, hereby	nat THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, spital Lien for all reasonable and necessary charges for tenance of the above listed patient as follows: tted to the hospital on March 08, 2011 ital on March 08, 2011 ospital care, treatment or maintenance during the Four Thousand Seven Hundred Nine and 90/100 ars. ospital's knowledge, the patient or the patient's and the following named individuals and/or entities are in the patient's illness or injury causing the hospital coursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within one after the patient was discharged from the Hospital. The gaths instrument, having been duly sworn upon oath, under by states that the Hospital intends to hold the Hospital that the facts and matters set forth in the foregoing
THE METHODIST HOSPITALS, INC.		
STATE OF INDIANA) SS: COUNTY OF LAKE) (1) BY: CMGL DYUR LAW Argie Djukich		
I Angie Djukich , being a <u>Patient Representative</u> for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) Angie Djukich Angie Djukich		
Magus	ribed and sworn to be 7, 2011. on Expires:	efore me, a Notary Public, this day of day of Notary Public
march	2V, 2019	A Resident of Lake County
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.		
This Instru	ument Prepared By:	Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410
CAS CHE OV	OUNT \$	Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019

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OVERAGE. COPY_

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