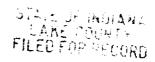
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Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Gloria Demeter		
Patient:	Gloria Demeter	Attorney:	:
	7255 McKinley Ci:	r #106	
	Merrillville, IN	46410	·
			
	f Lake County, India		iana Department of Insurance
-	y Government Center		W. Washington Street
	Main Street		te 300
Crown Point	, Indiana 46307	lndi	ianapolis, Indiana 46204
IN 46402, hospital cand was dispersive to the original candidate and the original candidates and the original cand	intends to hold a lare, treatment or ma The patient was ad scharged from the ho The amount due for italization is One .843.20 To the best of the esentative claims to damages arising for the Recorder of deighty (180) days a individual execution.	Hospital Lien for all intenance of the above mitted to the hospital spital on June 27, hospital care, treatf Thousand Eight Hundred lars. Hospital's knowledge, that the following narom the patient's in the following narom the patient's in the country in which after the patient wang this instrument, he	ment or maintenance during the deforty-Three and 20/100 The patient or the patient's are liness or injury causing the hospital dital Lien Law, I.C. Section 32-33-4 in the Hospital is located, within one as discharged from the Hospital. The aving been duly sworn upon oath, under
the penalt	ies of perjury, her	ceby states that the	Hospital intends to hold the Hospital
Lien as de	escribed above and	that the facts and	matters set forth in the foregoing
statement a	are true and correct		
		THE METHOI	DIST HOSPITALS, INC.
		(1) BY:	ange Hurich
STATE OF IN	NDIANA		Angle Dywlich
) ss:		3, 3, 4, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
COUNTY OF I	LAKE)	E SEAD TO SE	
_		VOIANATULE	
I	Angie Djukich	being a Patien	t Representative for The Methodist
			that the facts stated in the foregoing
are true ar	nd correct.	(2)	angre spripish
∠ Subso	cribed and sworn to	before me, a Notary Pu	ublic this this day of
- (dice st	, 2011.	4	
)		XXX	, Stene
My Commissi	ion Expires:		Notary Public
1716 1ch	24,2619	A Resident	t of <u>Lake</u> County
I affirm, each social	under the penalties I security number in	s for perjury, that I this document, unless	have taken reasonable care to redact s required by law.
This Instru	ument Prepared By:		
		Earle F. Hites, Atto	ornev at Law
		8700 Broadway, Merri	· ·
_	//-		,
<u> </u>	AMOUNT \$		
	CASHCHARGE		Official Seal
	CHECK #OVERAGE		LISA M. STONE Resident of Lake County, IN
	CORV		My commission expires