2011 054299

2011 SEP 30 PM 3: 18

100420669

т∩ •

MICHELLE & FAJMAN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

My commission expires March 24, 2019

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Herman Barefield 2049 Polk St Gary, IN 46407		
Lake County 2293 North	Lake County, India Government Center Main Street , Indiana 46307	311 W Suite	na Department of Insurance Washington Street 300 napolis, Indiana 46204
	inguinas co mora a r	JUSUILAI LIEN TOR SII :	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
and was disc 2. above hospi: (\$ 12	The patient was addressed from the host talization is Twelve, 978.00) Do To the best of the	mitted to the hospital spital on <u>August 25,</u> hospital care, treatme ye Thousand Nine Hundre llars. Hospital's knowledge,	on August 24, 2011
hundred and undersigned the penaltic Lien as des	eighty (180) days individual executings of perjury, here	after the patient was no this instrument, have by states that the Hothat the facts and me	al Lien Law, I.C. Section 32-33-4 in the Hospital is located, within one discharged from the Hospital. The ing been duly sworn upon oath, under spital intends to hold the Hospital atters set forth in the foregoing
STATE OF INC) ss:	THE METHODIS (1) BY:	Angie Djukich
I An Hospitals, I are true and	nc., being duly swo	being a Fatient upon oath, says that	Representative for The Methodist the facts stated in the foregoing
Subscr Septemb	ibed and sworn to be \mathcal{U}_{1} , 2011.	efore me, a Notary Publ	Angle Djukich ic, this 67 day of
My Commissio	_	A Resident o	Notary Public
March 2	, -		
I affirm, ur each social	nder the penalties security number in t	for perjury, that I hat this document, unless r	ave taken reasonable care to redact
	ent Prepared By:	Earle F. Hites, Attorna 8700 Broadway, Merrill	ey at Law
CA CH	OUNT \$ // SH CHARGE HECK # /75/61		Official Seal LISA M. STONE Resident of Lake County. IN My commission expures

10017

CHECK #_ OVERAGE

COPY_ NON-COM_

CLERK_

E

100