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MICHIELE E HAJMAN RECORDER

Return To:

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

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

TO:	Sarah Stessi	
Patient:	Sarah Stessl	Attorney:
	2054 Dogwood Trl #1B	
	Merrillville, IN 46410	
	Lake County, Indiana	Indiana Department of Insurance
-	Government Center	311 W. Washington Street
	Main Street	Suite 300
Crown Point	z, Indiana 46307	Indianapolis, Indiana 46204
IN 46402, : hospital ca	intends to hold a Hospital 1 are, treatment or maintenance	METHODIST HOSPITALS, INC., 600 Grant Street, Gary, Lien for all reasonable and necessary charges for of the above listed patient as follows:
1.	The patient was admitted to scharged from the hospital on	the hospital on May 10 , 2012
and was dis 2.	The amount due for hospital	care, treatment or maintenance during the
∠. ahove hosni	talization is Eight Hundred	entent thingroperty of
		County Recorder!
3.	To the best of the Hospital	's knowledge, the patient or the patient's
legal repre	esentative claims that the	following named individuals and/or entities are
liable for	damages arising from the	patient's illness or injury causing the hospital
stay:		
m1	Time is being filed nunguont	to the Hospital Lien Law, I.C. Section 32-33-4 in
the Office	of the Percenter of the Cou	inty in which the Hospital is located, within one
the Office hundred and	d eighty (180) days after th	he patient was discharged from the Hospital. The
undersigned	d individual executing this i	instrument, having been duly sworn upon oath, under
the penalti	ies of perjury, hereby state	es that the Hospital intends to hold the Hospital
Lien as de	escribed above and that the	e facts and matters set forth in the foregoing
statement a	are true and correct.	SIDEN SOLL
		THE METHODIST HOSPITALS, INC.
	[R	By March Church
OFFICE OF THE	(1)	Angie Djukich
STATE OF IN	) ss:	Algle Daniell
COUNTY OF L	·	MOIAN ALLES
200111 01 1		
I_Ang	gie Djukich , be:	ing a Patient Representative for The Methodist
		oath, says that the facts stated in the foregoing
are true an		Angje Djukich 2077
	(2)	Angid Division
Cubac	cribed and sworn to before me	a Notary Public, this 30 day of
Mala	, 2012.	, a wordly labite, entry
11100		Lung M. Starl
My Commissi	ion Expires:	Notary Public
2000	2010	A Resident of My County
II IUACEZ	34,2019	
T affirm	under the penalties for per-	jury, that I have taken reasonable care to redact
each social	l security number in this doc	cument, unless required by law.
cacii boola		7
This Instru	ument Prepared By:	
		Hites, Attorney at Law
	8700 Br	roadway, Merrillville, IN 46410
AMOL	INT \$	The second secon
CASH	CHABGE V3	Official Seal
CHE	CK#	LISA M. STONE  Resident of Lake County. IN
OVE	RAGE	My commission expires March 24, 2019
0,12	E	Watch 24, 2010

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