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MICTEL PER PAJMAN RECURDER

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Brian J Campbell		
Patient:	Brian J Campbell	Attorney:	
	2417 W 15th Ave		
	Gary, IN 46404		
	Gary, IN 40404		
Recorder of	Lake County, Indiana	India	na Department of Insurance
	Government Center		. Washington Street
_	Main Street	Suite	
Crown Point	, Indiana 46307	India	napolis, Indiana 46204
IN 46402, in hospital care and was discared and was discared and undersigned in hospital care and the stay: In and was discared and the stay in the s	intends to hold a Houre, treatment or main The patient was admit charged from the hosp The amount due for he talization is Six Hugon Dollars To the best of the Hesentative claims the damages arising from Lien is being filed profit of the Recorder of the eighty (180) days as individual executing	tenance of the above tenance of the above tenance of the above tenance of the above tenance of the hospital ital on May 08, ospital care, treatmendred Ninety-Nine Decospital's knowledge, at the following name the patient's illustrate the patient was this instrument, has this instrument, has	the patient or the patient's are ness or injury causing the hospital tal Lien Law, I.C. Section 32-33-4 in the Hospital is located, within one discharged from the Hospital. The ring been duly sworn upon oath, under
the penalti	es of perjury, hereb	y states that the Ho	ospital intends to hold the Hospital
Lien as de	escribed above and t	hat the facts and	matters set forth in the foregoing
statement a	re true and correct.	THEOER'S OF	
		THE METHODI	ST HOSPITALS, INC.
		(1) BY:	angue Arrowch
STATE OF IN	DIANA)		Angie Djukich
) ss:	E SEAD TO SE	
COUNTY OF L		WOIAN ALLIE	
	,		
ΙA	ngie Djukich	, being a Patient	Representative for The Methodist
Hospitals,	Inc., being duly swor	n upon oath, says th	at the facts stated in the foregoing
are true and	_	· · ·	
210 0100 011		(2) (inal Androh
			Angie Djukich 771
Subsc	ribed and sworn to be	fore me, a Notary Pub	lic, this 25° day of
	, 2012.		<u> </u>
- / / ICO		Time	M. Stone
My Commissi	on Expires:		Notary Public
rry conductors	on Expires.	A Resident	
march	24.2019	n kestaene	or <u>Bake</u> Councy
	·		
	nder the penalties f security number in t		have taken reasonable care to redact required by law.
This Instru	ment Prepared By:	6	
THIS INSCIA	mene rrepared by.	Farte Hilles Attor	ney at Law
		8700 Broadway, Merril	-
		o.oo broadway, merrir	TATTE, IN 101TO
	11-		
Ah	MOUNT \$		Official Seal
AIV	ASHCHARGE		LISA M. STONE SCRALE Resident of Lake County, IN
OF O	HECK #		My commission expires
	WEBAGE	(March 24, 2019

OVERAGE_ COPY_ NON-COM_

CLERK_

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