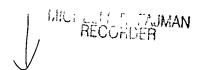
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TATE OF INDIANA
LAKE COUNTY
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Return To:

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

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

TO:	Louise Pinkston		
Patient:	Louise Pinkston	Attorney:	
	1109 E 35th Ave #2L Griffith, IN 46319		<del></del>
	GITITION, IN 40319		<del></del>
	Lake County, Indiana		na Department of Insurance
Lake County Government Center 311 W. Washington Street 2293 North Main Street Suite 300			
	i, Indiana 46307		napolis, Indiana 46204
.,		BUD MEBUODION HOOF	TINIC INC. COO Court Character Court
IN 46402, hospital ca	intends to hold a Hospi are, treatment or mainter	tal Lien for all mance of the above in	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for histed patient as follows:
1. and was dis	The patient was admitted scharged from the hospital The amount due for hospital to the second	al on <u>May 27</u>	on May 27 , 2012 2012 . nt or maintenance during the
	talization is Nine Hund	dred Seven and 25/10	operty of
(\$ 90	07.25 Dollars.	ake County Rec	the patient or the patient's
legal repre			ed individuals and/or entities are
			ness or injury causing the hospital
stay:			
the Office	of the Recorder of the	e County in which	the Hospital is located, within one discharged from the Hospital. The
			ing been duly sworn upon oath, under
the penalti	les of perjury, hereby	states that the Ho	spital intends to hold the Hospital
Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.			
ocacement a	are true and correct.	THE METHODIS	ST HOSPITALS, INC.
		(1) BY:	angie Aus wh
STATE OF IN	IDIANA )		Angle Djukich
	) ss:	ELL ACTION OF THE PARTY OF THE	9 / - 0
COUNTY OF L	LAKE )	MINIMA	
			Representative for The Methodist at the facts stated in the foregoing
	d collect.	(2)	Unque Drurkh
Subac	cribed and sworn to before	co mo a Notary Pub	Angle Djukkch lic, this ym day of
QUALI	, 2012.	.e me, a notary rub.	day of
700,0			M. Stone
My Commissi	on Expires:	A Resident o	Notary Public of Lake County
	24, 2019		<del></del>
	under the penalties for security number in this		ave taken reasonable care to redact required by law.
This Instru		rle F. Hites, Attorn	<del>-</del>
=	T 0		
AMO CASI	OUNT \$CHARGE		Official Seal
	CK#		LISA M STONE  (SEAL) Resident of Lake County, IN
OVE	RAGE		My commission expires March 24, 2019
COF			
	N-COM		