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MICHE FAJMAN RECORDER

100479678

TO:

Diamond Smith

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

Patient:	Diamond Smith	Attorney:	
•	3333 Connecticut St		
•	Gary, IN 46409		
Recorder of Lake County, Indiana Indiana Department of Insurance			
Lake County Government Center 311 W. Washington Street			ington Street
	2293 North Main Street Sulte 300 Crown Point, Indiana 46307 Indianapolis, Indiana 46204		
Crown Point,	, Indiana 46307	Indianapoli	s, Indiana 46204
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:			
2. above hospit	The patient was admitted charged from the hospital The amount due for hospitalization is One Thousa	on May 25 , tal care, treatment or nd Two Hundred Fifty-On	2012 maintenance during the
(\$ 1,2	251.00 ) Dollars. To the best of the Hospi	ke County Recorder	thant on the national o
	sentative claims that t	ne following named in	ndividuals and/or entitles are or injury causing the hospital
the Office hundred and undersigned the penaltic Lien as de	of the Recorder of the eighty (180) days after individual executing thies of perjury, hereby st	County in which the Ho the patient was disch s instrument, having be tates that the Hospital	en Law, I.C. Section 32-33-4 in pospital is located, within one harged from the Hospital. The een duly sworn upon oath, under intends to hold the Hospital set forth in the foregoing
		(1) BY: 1 0 0	ail Prise un
STATE OF IN	DIANA ) ss:		gle Djukich
COUNTY OF LA		W. WOIANA.	
I And	gie Djukich , k	eing a Patient Repre	esentative for The Methodist
Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing			
are true and	d correct.		o de la la la
		(2) $(2)$	ul Aria Ch
Angle Division  Subscribed and sworn to before me, a Notary Public, this day of			
June	, 2012.	A = n	2 (1-
My Commission	on Expires:	_ () Wig !!	Notary Public
<u>-</u>	24,2019	A Resident of	Lake County
I affirm, u	,		aken reasonable care to redact ed by law.
This Instrument Prepared By:			
		Prooducy Morryllyillo	
_	11 -	Broadway, Merrillville	, IN 404IU
AMOUNT	CHARGE		
CASH	10///	Υ	Official Seal
CHECK		14	CRALE Resident of Lake County, IN
OVERA(	EE	<b>1</b> (	My commission expires
COPY_		1	March 24, 2019