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TO:

MIC - FARMAN RECORDER

Return To:

Jeremy Everly

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Jeremy Everly	Attorney:
	4109 Silver Ct	
	Gary, IN 46408	
Recorder of Lake County, Indiana Indiana Department of Insurance		
Lake County Government Center 311 W. Washington Street		
2293 North Main Street Suite 300		
Crown Point	, Indiana 46307	Indianapolis, Indiana 46204
IN 46402, bhospital ca	intends to hold a Hosp re, treatment or maint	t THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, ital Lien for all reasonable and necessary charges for shance of the above listed patient as follows:
1.		ted to the hospital on June 07 , 2012
and was dis		tal on June 07 , A 2012 .
	talization is Fire	spital care, treatment or maintenance during the ndred Fifty-Nine property of
		Lake County Recorder!
3.	To the best of the Ho	spital's knowledge, the patient or the patient's
legal repre		the following named individuals and/or entities are
liable for damages arising from the patient's illness or injury causing the hospital		
stay:		
		rsuant to the Hospital Lien Law, I.C. Section 32-33-4 in
		ne County in which the Hospital is located, within one
		ter the patient was discharged from the Hospital. The
		this instrument, having been duly sworn upon oath, under
		states that the Hospital intends to hold the Hospital at the facts and matters set forth in the foregoing
statement are true and correct.		
ocacomonic a	re true and correct.	THE METHODIST HOSPITALS, INC.
		(I) BY Unail Bris Ich
STATE OF IN	DIANA)	Apple Dylkich
) ss:	WOLANA JUST
COUNTY OF L	AKE)	
T Ana	ie Djukich ,	being a Patient Representative for The Methodist
		upon oath, says that the facts stated in the foregoing
are true and correct.		
		(2) Ungil Aux Ich
		Angle Voukich
/ Subsc:	ribed and sworn to bef	ore me, a Notary Public, this _26_ day of
July	, 2012.	X have A Land
\		Silvy (" House
My Commissi	on Expires:	Notary Public
October 19	0,2013	A Resident of <u>Lake</u> County
		r perjury that I have taken reasonable care to redact s document, unless required by law.
mb T		
IIIIS IIISCIUI	ment Prepared By:	rle F. Hites, Attorney at Law
		700 Broadway, Merrillville, IN 46410
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		1/ -
-		AMOUNT \$
TARY POS	Official Seal	CASHCHARGE
SEAL SHERRY C FOUST CHECK # 0 87 Resident of Lake County, IN OVERAGE		
AND AND	IVIV COMMISSION AVAIRAGE	OVERAGE
COPY		
		NON-COM

CLERK___