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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: Lydia Grif: Lydia Grif:	fin Attorney:	:
5917 Hayes	Pl le, IN 46410	
Wellilindi	<u> </u>	
Recorder of Lake County, Lake County Government C 2293 North Main Street Crown Point, Indiana 463	Center 311 Suit	nana Department of Insurance W. Washington Street te 300 nanapolis, Indiana 46204
IN 46402, intends to he hospital care, treatment 1. The patient and was discharged from 2 The amount of above hospitalization is (\$\frac{3}{0.028.50}\$ 3. To the best legal representative cluable for damages arisestay: This Lien is being the Office of the Recognitude and eighty (180) undersigned individual ethe penalties of perjunt	was admitted to the hospital the hospital on July 05, due for hospital care, treatmed of the Hospital of the Hospital series and the Hospital series of the Hospital series that the following names and from the patient's illustrated of the County in which the days after the patient was executing this instrument, has executing this instrument, has executing that the facts and correct.	ment or maintenance during the nt and 50/100 The patient or the patient's and individuals and/or entities are liness or injury causing the hospital ital Lien Law, I.C. Section 32-33-4 in the Hospital is located, within one as discharged from the Hospital. The aving been duly sworn upon oath, under Hospital intends to hold the Hospital matters set forth in the foregoing DIST HOSPITALS, INC.
STATE OF INDIANA COUNTY OF LAKE) ss. (1) BY: 1 5	Angue Djukigh
COUNTY OF LAKE	WOJANA THE	
Subscribed and swo , 2012. My Commission Expires:	(2) rn to before me, a Notary Pub	that the facts stated in the foregoing Myl Aur Uh Angra Djukichm
march 24, 2019	11 Nostaciie	country
	ber in this document, unless	rney at Law
AMOUNT \$CHARGECHECK #S/9COVERAGE	F	Official Seal LISA M STONE Resident of Lake County, IN My commission expires March 24, 2019

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CHECK #_ OVERAGE.

COPY_ NON-COM_ CLERK_

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