ALL UF INDIANA TANDO ENA LED FOR RECORD

2012 057802

2012 AUS 24 PM 1: 25

200787555

Kim Wease

Patient: Kim Wease

206600

TO:

mac on DER

Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

	11510 N State Rd 10			
-	Demotte, IN 46310	_		
Lake County 2293 North M	Lake County, Indiana Government Center Main Street Indiana 46307	311 W Suite	nna Department of Insurant. Washington Street 200 anapolis, Indiana 46204	nce
You ar IN 46402, 11 hospital car 1. and was disc 2. above hospit (\$ 2,0 3. legal represhable for stay. This L the Office chundred and undersigned the penaltic	The patient was admit that the patient was admit to the amount due for how alization is Two Thought 125 and 125 arising from the patients of the Recorder of the patients of the Recorder of the eighty (180) days after the patients of perjury, hereby	at THE METHODIST HOSE pital Lien for all enance of the above ted to the hospital tal on July 07, spital care, treatme usand Forty-One and s. spital's knowledge, the following name the patient's ill ersuant to the Hospit he County in which eter the patient was this instrument, have states that the Hospital	PITALS, INC., 600 Grant reasonable and necessar listed patient as follow on July 07 , 2012 and or maintenance during 25/100 the patient or the patient of the patient or injury causing the Hospital is located to spital intends to hold	g the ent's entitles are the hospital on 32-33-4 in d, within one ospital. The on oath, under the Hospital
Lien as des	scribed above and the true and correct.	at the facts and r	matters set forth in	the foregoing
STATE OF IND) ss: KE)	BY:	ST HOSPITALS, INC. Angue Angue Djukich	
I Angle Djukich being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing				
are true and	correct.		De a a Aniacah	the foregoing
		(2)	Angle Djukach	
Subscr	ibed and sworn to befo , 2012.	,	Angle Djukych // lic, this <u>35</u> day of <i>N. STOW</i>	
My Commission	n Expires:		Notary Pub	lic
march	24,2019	A Resident o	of <u>Lake</u> Coun	ty
I affirm, un each social s	der the penalties fo security number in th	r perjury, that I h	ave taken reasonable ca required by law	are to redact
This Instrume		arle F. Hites, Attorr 700 Broadway, Merrill		
AMOUNT \$CHI CASHCHI CHECK #C OVERAGE COPY NON-COM CLERK	1- ARGE 8196 ————————————————————————————————————		Official Sea LISA M STONE Resident of Lak My commission March 24, 2019	e County, IN