STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MICHALLE PAJMAN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Tammy Steve		
Patient:	Tammy Steve	Attorney:	
•	3620 W 62nd Pl		
	Chicago, IL 6062	9-401	
Dogardan of	Taka Cambia Tadia	T 13	
	Lake County, India Government Center		ana Department of Insurance
2293 North 1			W. Washington Street e 300
	, Indiana 46307		anapolis, Indiana 46204
You as IN 46402, in hospital case 1. and was disc 2. above hospital (\$ 5,3 3. legal repressible for stay: This is the Office hundred and undersigned	re hereby notified intends to hold a re, treatment or material repartment was accompany of the amount due for talization is Five 288.25) Dol To the best of the esentative claims of the Recorder of the Recorder of eighty (180) days individual executions.	that THE METHODIST HOSE Hospital Lien for all aintenance of the above dimitted to the hospital espital on July 20, thospital care, treatment of the spital care, treatment of the spital's knowledge, that the following narrom the patient's illed pursuant to the Hospital distribution of the County in which is after the patient was any this instrument, has	SPITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for plisted patient as follows: on July 20 , 2012 2012 ment or maintenance during the Eighty-Eight and 25/100
Lien as de	scribed above and re true and correct DIANA)) ss:	that the facts and THE METHOD BY:	IST HOSPITALS, INC. Angle Djukich
	ngie Djukich		t Representative for The Methodist
Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. \bigcirc			
are true and	i correct.	(2)	Comes Onionals
	ribed and sworn to, 2012.	before me, a Notary Pu	
	·	<u> Durg</u>	m stone
My Commission	on Expires:		Notary Public
mand7	24,2019	A Resident	of <u>Lake</u> County
		s for perjury, that I this document, unless	have taken reasonable care to redact required by law.
This Instru	ment Prepared By:		_
		Earle F. Hites, Atto	-
	11-	8700 Broadway, Merri	llville, IN 46410
AMOUNT \$_	OUADCE		
CASH	CHARGE 49		
CHECK #			Official Seal LISA M. STONE
OVERAGE_	t		((Stat)) Hesident of take County in
COPY NON-COM			My commission expires March 24, 2019

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COPY_ NON-COM_ CLERK_