ATE OF INDIANA

ANE COUNTY
FILED FOR RECORD

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MICHE E FAJMAN RECUEDER

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

TO:	Demirial Robinson		
Patient:	Demirial Robinson 5646 Massachusetts	Attorney:	
	Merrillville, IN		
	Lake County, Indiana Government Center		ana Department of Insurance W. Washington Street
2293 North			e 300
	, Indiana 46307	Indı	anapolis, Indiana 46204
IN 46402, a hospital ca	intends to hold a Hore, treatment or main	ospital Lien for all ntenance of the above	SPITALS, INC , 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows
1. and was dis	charged from the hos	itted to the hospital pital on <u>July 14</u> ,	2012 .
2.	The amount due for l	hospital care, treatm	ent or maintenance during the
		arsLake.County.Re	Seventy-Two and 25/100
3.	To the best of the	Hospital's knowledge,	the patient or the patient's
<pre>legal repre liable for stay:</pre>	esentative claims the damages arising fro	at the following name on the patient's il	med individuals and/or entitles are lness or injury causing the hospital
the Office hundred and undersigned the penalti	of the Recorder of leighty (180) days individual executing es of perjury, here.	the County in which after the patient was g this instrument, haby states that the f	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 dospital intends to hold the Hospital matters set forth in the foregoing
	re true and correct.	that the lacts and	matters set forth in the loregoing
STATE OF IN	DIANA)	(1) BY: BY:	IST HOSPITALS, INC. ANDIE DINKICH
		<u> </u>	t Representative for The Methodist that the facts stated in the foregoing Angus Djukidh
Auxust	ribed and sworn to be	efore me, a Notary Pu	
<i>O</i>	and Paris was a constant	Shur	Notary Public
My Commission	_	A Resident	
October K	, •		
I affirm, u each social	nder the penalties security number in t	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 8700 Broadway, Merri	
SEAL TOTALE	Official Seal SHERRY C FOUST Resident of Lake County, IN My commission expires October 10, 2013	AMOUNT \$CHARGE_ CHECK #CHECK #CASH_ OVERAGE_ COPY NON-COMCLERK(\frac{1}{4}\fra	— E