STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 059311

2017 AUG 31 AM 10: 10

MIUD RECORDER

200767452

TO:

Return To:

Eric Lottie

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Eric Lottie	Attorney:	
	24745 Northlea Dr		
	South Bend, IN 46	619	
Recorder of	Lake County, Indian		ana Department of Insurance
	Government Center		V. Washington Street
2293 North		Suite	5
	, Indiana 46307		anapolis, Indiana 46204
IN 46402, 1	ntends to hold a Ho	ospital Lien for all	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
2.	charged from the hos The amount due for	otted to the hospital pital on June 06 , hospital care, treatments	ent or maintenance during the
	158 00) Doll	Thousand One Hundred Fars ake County Rec	corder!
3.			the patient or the patient's
			ness or injury causing the hospital
the Office hundred and undersigned the penalti Lien as de	of the Recorder of eighty (180) days individual executing es of perjury, here	the County in which after the patient was g this instrument, had by states that the Hothat the facts and	tal Lien Law, I.C. Section 32-33-4 in the Hospital is located, within one discharged from the Hospital. The ving been duly sworn upon oath, under ospital intends to hold the Hospital matters set forth in the foregoing
	O T A N I A	(1) BY:	Ungue Bruk (CN)
STATE OF IN		JEAL JEAL	Angle Djullch
COUNTY OF LA	AKE) ss.	MOJANA MILITARIA	
Hospitals,	ngle Djukich Inc., being duly swo d correct		Representative for The Methodist nat the facts stated in the foregoing
Subsci Su	ribed and sworn to be	efore me, a Notary Pub	Angle Djugich blic, this 151 day of
//	, 2012	<i>A</i> .	
/ My Commission	on Expires.	_ () Wyg	M. Store Notary Public
March 24	-	A Resident	of Lake County
		for perjury, that I hat I hat I had a larger than the second that I had been second to the second that I had been second to the second to the second that I had been second to the secon	have taken reasonable care to redact required by law.
This Instrum	ment Prepared By.	Earle F. Hites, Attor 8700 Broadway, Merril	
AMOU CASH_ CHEC OVER	CHARGE K#/8205		Official Seal LISA M STONE Resident of Lake County, IN My commission expires March 24, 2019