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MICHE FAJMAN RECORDER

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Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Angela Y Releford Angela Y Releford 5341 Marcella Rd Merrillville, IN	Attorney:	
Lake County 2293 North	Lake County, Indiar Government Center Main Street , Indiana 46307	311 V Suite	ana Department of Insurance V. Washington Street e 300 anapolis, Indiana 46204
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:			
1. and was dis 2.	charged from the hos	nitted to the hospital spital on July 09,	on July 08 , 2012 2012 ent or maintenance during the
above hospi $(\frac{\$}{4}, \frac{4}{3}, \frac{3}{1})$ legal representations	talization is Four 053.50) Doll To the best of the esentative claims the	Thousand Fifty-Three a ars, ake County Rec Hospital's knowledge, nat the following nam	and 50/100 I
This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been duly sworn upon oath, under the penalties of perjury, hereby states that the Hospital intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct. THE METHODIST HOSPITALS, INC.			
STATE OF IN) ss:	(1) BY SEAL MOIANAMAN	Angle Djukich
			Representative for The Methodist hat the facts stated in the foregoing
Subsci Qugust	ribed and sworn to b	efore me, a Notary Pub	olic, this /5 day of
My Commission March a		A Resident	Notary Public of Lake County
I affirm, u	under the penalties	for perjury, that I lithis document, unless Earle F. Hites, Attor 8700 Broadway, Merril	ney at Law
AMOUN CASH CHECK OVERA COPY	CHARGE #		Official Seal LISA M STONE Resident of Lake County IN My commission expires March 24, 2019