TATE OF INDIANA

ARE COUNTY

FILED FOR RECORD

2012 059525

2012 AUG 31 PM 2: 25

MICHE PAJMAN RECURDER

Acct#100496137

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

Official Seal LISA M STONE Resident of Lake County, IN My commission expires March 24, 2019

(SEAL)

<u> </u>	WORN STAT	EMENT & NOT	ICE OF INTEN	TION TO I	HOLD HOS	SPITAL L	<u>IEN</u>
TO: Patient:	Denise Pr Denise Pr 9426 Forr	iokowski	Attorn	ey:			
		IN 46322					
Lake County 2293 North	f Lake Count y Government Main Street t, Indiana 4	Center	3 S	ndiana Depa 11 W. Washi uite 300 ndianapolis	ıngton St	reet	ce
IN 46402, hospital call. and was disagraph 2. above hospital	<pre>intends to are, treatme   The patien scharged fro   The amount italization</pre>	hold a Hospint or maintent was admitted the hospital due for hospits Seven hun	THE METHODIST tal Lien for a lance of the about the hospital on August of the ded twelve do later which we have the later with	HOSPITALS, all reasons ove listed tal on Auc of Auc atment or reliars and 2	INC., 6 able and patient qust 04 12	00 Grant necessary as follow , 2012 ce during	y charges for s: the
legal repr	resentative	claims that	the following he patient's	named in	ndividual	and/or	entities are
the Office hundred and undersigned the penalt. Lien as defined the state of the sta	of the Record eighty (1) distributed individual ies of perj	corder of the 80) days after executing the ury, hereby some and that	suant to the Ho County in wher the patient is instrument, states that the the facts a	ich the Ho was disch having be le Hospital	en duly intends set fo	s located om the Ho sworn upon to hold rth in t	d, within one spital. The noath, under the Hospital
STATE OF IN		) ) ss: )	BY: SEAL MOIANA MAIN	Mili	COL ()	anja	noue
are true ar	Inc., being nd correct.	duly sworn u	, being a <u>Pa</u> upon oath, say	s that the Llica Milica	facts st Dam Damjan	vic	the foregoind
Ougus,	cribed and so $\frac{1}{2}$ , 2012.	worn to befor	e me, a Notary	Public, th	nis <u>20</u> 71	day of	
My Commission Expires:			A Resid	1_ <u>Sg M.SA</u> ent of <u>0</u>	one Tane	otary Pub	lıc ty
I affirm,	under the p	enalties for umber in this	perjury, that document, unl	I have ta	ıken reas	onable ca	
	ument Prepare	ed By:	le F. Hites, A	ttorney at	Law		<del></del>
	1.1	870	O Broadway, Me	rrıllvılle,	IN 4641	0	

NON-COM\_ CLERK\_

AMOUNT \$-

OVERAGE. COPY-

CASH\_\_\_ CHECK #.