STATE OF INDIANA

LAKE COUNTY

FILED FOR RECORD

2012 0887,39

2012 DEC 17 PM 1: 22

MIC HECORDER

Official Seal

LISA M. STONE
Resident of Lake Courty. (N
My commission expires
March 24, 2019

200833773

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Joshua Stockham Joshua Stockham	Attorney:		
-	7521 Walnut Ave			
-	Hammond, IN 46324			
-				
	Lake County, Indian		ana Department of Insura	nce
	Government Center		W. Washington Street	
			e 300	
CIOWII TOTIIC,	, indiana 4050/	Indi	anapolis, Indiana 46204	
IN 46402, i hospital car 1. and was disc 2. above hospit (\$\frac{12}{3}\$. legal repreliable for stay: This I the Office hundred and	The patient was admit charged from the host talization is Twelve 668.25 To the best of the sentative claims the damages arising from the Recorder of eighty (180) days	espital Lien for all ntenance of the above itted to the hospital bital on October 31 hospital care, treatment of the Spital sknowledge, at the following name of the patient's illustration of the Hospital the county in which after the patient wa	on October 31 , 2012 2012 ent or maintenance during d Sixty-Eight and 25/100 the patient or the patiened individuals and/or lness or injury causing tal Lien Law, I.C. Section the Hospital is located a discharged from the Hospital is located and the H	g the ent's entities are the hospital ion 32-33-4 in d, within one ospital. 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.				
		THE WEIROD.	ISI/ HOSPITALS, INC.	
STATE OF INC) ss:	(1) BY	Angie Dykich	
COUNTI OF LA	ANE)	TO AN INCIDENT		
	gie Djukich	, being	g a <u>Patient Representa</u> t	tive for The
Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.				
		(2)	Angie Djukich	
Subscribed and sworn to before me, a Notary Public, this 26TM day of				
My Commissio	n Evniros:	$\underline{\hspace{1cm}}$	m. Stone	7 4 -
_	<u> </u>	A Resident	Notary Pub of Lake	County
march	24,2019	n keeldene	or <u>Hake</u>	Country
I affirm, under the penalties for perjure that I have taken reasonable care to redact each social security number in this document, unless required by law.				
This Instrument Prepared By:				
		Earle F. Hites, Attor 8700 Broadway, Merril	-	
	,			

210560

AMOUNT \$.

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CASH____ CHECK #_ OVERAGE

NON-COM, CLERK___