2013 028236

2013 APR 19 PM 1:18

MICHAEL B. SKOWN RECORDER

100533986

Return To:

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Kisha L Smi	ith		
Patient:	Kisha L Smi	th	Attorney:	
	405 S Hamil			
	Gary, IN 46	5403		
Lake County 2293 North 1	Lake County, Government C Main Street , Indiana 463	Center	311 W. W Suite 30	Department of Insurance Washington Street 00 polis, Indiana 46204
IN 46402, in hospital cases and was discased above hospital cases above hospital cases and the second secon	The patient charged from The amount dtalization is 553.25 To the best sentative cl	was admitted to the hospital on the hospital on the for hospital on Dollars. of the Hospital aims that the the	the hospital on January 26, care, treatment ive Hundred Fift sknowledge, the following named	TALS, INC., 600 Grant Street, Gary, as onable and necessary charges for sted patient as follows: January 26 , 2013 2013 or maintenance during the ty-Three and 25/100 e patient or the patient's individuals and/or entities are so or injury causing the hospital
the Office hundred and undersigned the penalti Lien as de	of the Recor eighty (180 individual e es of perjur	rder of the Cour) days after th executing this in y, hereby states e and that the	nty in which the e patient was destrument, having that the Hosp. facts and mat	Lien Law, I.C. Section 32-33-4 in the Hospital is located, within one discharged from the Hospital. The tag been duly sworn upon oath, under lital intends to hold the Hospital inters set forth in the foregoing HOSPITALS, INC.
STATE OF INI)) ss:	BY SEAL POINTS	Agie Pjukich
		'	The state of the s	
Methodist H	Angie Djukic Ospitals, Ind re true and c	c., being duly s	, being a worn upon oath,	Patient Representative for The says that the facts stated in the
Subsci Manda	cibed and swo , 2013.	rn to before me,	1	this 25th day of
My Commissio	-	:A	A Resident of	Notary Public
Wianc	b 24,201	9		councy
each social		ber in this docu By: Earle F.		y at Law
	11-	2.00 210		,
AMOUNT CASH—— CHECK OVERAC COPY—	18759	 		Official Seal LISA M. STONE Resident of take County, In My Louin ssion expires Ofach 24, 2019

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OVERAGE. COPY_ NON-COM___

CLERK_

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