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Note that the second

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Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Keith L Cole Jr. Keith L Cole Jr. 9330 Randolph St Crown Point, IN 4630	Attorney:		
Lake County 2293 North 1	Lake County, Indiana Government Center Main Street , Indiana 46307	311 V Suite	ana Department of Insurar W. Washington Street e 300 anapolis, Indiana 46204	ace
IN 46402, in hospital case 1. and was discase 2. above hospitals 3. legal representable for stay:	Intends to hold a Hospitere, treatment or maintered. The patient was admitted that the hospitered from the hospitered from the hospitered from the amount due for hospitered from the best of the Hospitered from the damages arising from the hold a Hospitered from the hold a Hospitered from the hold from the hol	tal Lien for all nance of the above ed to the hospital al on March 20, pital care, treatmes and Five Hundred so the following name the patient's ill	2011 Ent or maintenance during Sixty-Six and 50×100 The patient or the patient of the patient of the patient or the patient of the patient	y charges for is: g the ent's entities are the hospital
the Office hundred and undersigned the penalti Lien as de	of the Recorder of the eighty (180) days aft individual executing tes of perjury, hereby scribed above and that re true and correct.	e County in which er the patient wa his instrument, ha states that the H t the facts and THE METHOD: (1) BY:	tal Lien Law, I.C. Secti the Hospital is located s discharged from the H ving been duly sworn upon ospital intends to hold matters set forth in IST HOSPITALS, INC Djukich	d, within one ospital. The on oath, under the Hospital
COUNTY OF L	logic Drietich.	being a Patient	*/	he Methodist
are true and			nat the facts stated in ALL MINE CA Djukion 12 ⁷¹ day of	
My Commission		re me, a Notary Pub	olic, this <u>/x</u> day of <u>xx Stoyle</u> Notary Pub	4
march	24,2019	A Resident	of <u>Lake</u> Cou	inty
	under the penalties for security number in this		have taken reasonable corequired by law.	are to redact
This Instru		rle F. Hites, Attor		

AMOUNT \$_ CASH.____ CHARGE, CHECK #. OVERAGE. COPY_ NON-COM CLERK_

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

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