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Mic Accompany (MAN

| Return | To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 |
|---|--|
| SWORN STATEMENT & | NOTICE OF INTENTION TO HOLD HOSPITAL LIEN |
| Vanessa F Chand Vanessa F Chand 1420 E 5th St Hobart, IN 46342 | |
| Recorder of Lake County, Indian Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307 | Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204 |
| IN 46402, intends to hold a Hospital care, treatment or main and was discharged from the hold and eighty (\$ 1,787.00) Dolidation is Tone of the legal representative claims the liable for damages arising from the liable for the liable for damages arising from the liable for the liable for damages arising from the liable from the liable for damages arising from the liable from the liable from the lia | that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, Hospital Lien for all reasonable and necessary charges for intenance of the above listed patient as follows: mitted to the hospital on April 05, 2011 spital on April 05, 2011 hospital care, treatment or maintenance during the Thousand Seven Hundred Eighty-Seven lars. Hospital's knowledge, the patient or the patient's hat the following named individuals and/or entities are come the patient's illness or injury causing the hospital pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within one after the patient was discharged from the Hospital. The ng this instrument, having been duly sworn upon oath, under eby states that the Hospital intends to hold the Hospital that the facts and matters set forth in the foregoing |
| STATE OF INDIANA) COUNTY OF LAKE) | THE METHODIST HOSPITALS, INC. (1) BY: Angie Djukich |
| are true and correct. | , being a <u>Patient Representative</u> for The Methodist worn upon oath, says that the facts stated in the foregoing (2) |
| Subscribed and sworn to Be subscribed and sworn to Be subscribed. 2011. My Commission Expires: | (2) Angie Djukigh before me, a Notary Public, this Jhd day of Notary Public |
| March 24, 2019 | A Resident of Lake County |
| each social security number in | for perjury, that I have taken reasonable care to redact this document, unless required by law. |
| This Instrument Prepared By: | Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410 |
| AMOUNT \$CHARGECHECK # | Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019 |

COPY____ NON-COM_ CLERK___ 195515

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