2011 054302

2011 SEP 30 PM 3: 18

MICHELLE B. FAJMAN RECORDER

100419320

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Rachel Schultz Rachel Schultz 816 E 38th Pl Griffith, IN 46319	Attorney:		
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W Suite	ana Department of Insurance V. Washington Street e 300 anapolis, Indiana 46204	
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:				
above hospi (\$\frac{2}{3}\$. legal repre	talization is <u>Two The</u> 280.00 Dollar To the best of the Ho esentative claims that	tal on August 17, spital care, treatme usand Two Hundred Eis. spital's knowledge, the following name	2011 ent or maintenance during the	are oital
the Office hundred and undersigned the penalti Lien as de	of the Recorder of t eighty (180) days as individual executing es of perjury, hereby	he County in which fter the patient was this instrument, have states that the Honat the facts and the facts are the facts and the facts are th	tal Lien Law, I.C. Section 32-33- the Hospital is located, within s discharged from the Hospital. ving been duly sworn upon oath, u ospital intends to hold the Hosp matters set forth in the foreg	one The Inder
STATE OF IN) ss:	(1) BY:	Angle Djukich	
		being a Patient upon oath, says th	Representative for The Methonat the facts stated in the foregoing the Aurilian day of	
	ribed and sworn to bef 	ore me, a Notary Pub	Stone Notary Public Of Jake County	
	24,2019	A Resident	of <u>Lake</u> County	
	under the penalties for security number in the		have taken reasonable care to re required by law.	edact
This Instru		arle F. Hites, Attor		

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

E

196468