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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:	DELRICO HARDY		
Patient:	DELRICO HARDY	Attorney:	
	2407 MAIN ST		
	GARY, IN 46407	<u> </u>	
		— Declaration of Theorem	
Recorder of Lake County, Indiana Indiana Department of Insurance			
Lake County Government Center		311 W. Washington Street	
	Main Street	Suite 300 Indianapolis, Indiana 46204	
Crown Point	, Indiana 46307	indianapolis, indiana 40204	
TN 46402	intends to hold a Ho are, treatment or mair	nat THE METHODIST HOSPITALS, INC., 600 Grant St spital Lien for all reasonable and necessary tenance of the above listed patient as follows:	charges for
1.	The patient was admi	tted to the hospital on June 22 , 2012	
and was dis	scharged from the hosp	ital on June 22 , 2012 .	3
2.	The amount due for h	ospital care, treatment or maintenance during t	ne ne (100
above hosp	italization is <u>One th</u>	ousand four hundred seventy nine dollars and .2	<u>:5/100</u>
(\$ 1,	,479.25) Dolla	rsake County Recorder! cospital's knowledge, the patient or the patient	·/ c
3.	To the best of the f	at the following named individuals and/or ex	ntities are
legal repr	damages arising fro	m the patient's illness or injury causing t	he hospital
stay:	damages arraing iro	" the patient s III as	-
-			
This	Lien is being filed	pursuant to the Hospital Lien Law, I.C. Section	32-33-4 in
the Office	of the Recorder of	the County in which the Hospital is located,	within one pital. The
hundred an	d eighty (180) days	after the patient was discharged from the Hosp	picai. 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			
	are true and correct.	inde the party and masses to	, ,
Scacemenc	are true and correct.	THE METHODIST HOSPITALS, INC.	
		Quia Casti	
		Akıa Curtis	
STATE OF I		AKIA CUICIS	
COUNTY OF) SŠ:	MOIAN ALLER	
COONTI OI	HAILD /		
I	Akia Curtıs	, being a <u>Patient Representative</u> for Th	ne Methodist
Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing			
	nd correct.	$M: \mathcal{O} \rightarrow \mathcal{O}$	
		(2) Akia Curtis	
Subc	arihad and swarp to h	efore me, a Notary Public, this 2577 day of	
Quilin	_ , 2012.		
Jung	, ====	Bugg M. Stone	
My Commiss	ion Expires:	A Resident of Dayle County	
March	1 24,2019	A Resident of ///odiv	Y
	•		
I affirm,	under the penalties	for perjury, that I have taken reasonable car	e to redact
each social security number in this document, unless required by law.			
This Instr	nument Prepared By:		
		Earle F. Hites, Attorney at Law	
8700 Broadway, Merrillville, IN 46410			
	1/-		
Al	MOUNT \$	Official Seal)
C	ASHUHARGE	19(anil 6) Resident of Lake C	County, IN
	HECK #	My commission ex March 24, 2019	kpires
C	VERAGE	March 24, 2010	