LAKE COUNTY
LIEBFOR RECORD

2012 066105

2017 SEP 19 PM 1:18

14 MAN MILE RECURDER

200777889

Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Marvin Edward Wolc Alexis Wolcott	Attorney:
	98 E 70th Ave	<u> </u>
	Merrillville, IN 4	
Lake County 2293 North Crown Point	Lake County, Indiana Government Center Main Street , Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
TN 46402 3	intends to hold a Hore, treatment or main	at THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, spital Lien for all reasonable and necessary charges for tenance of the above listed patient as follows:
2. above hosp: (\$ 7,	charged from the hosp The amount due for h talization is Seven 843.00) Dolla	tted to the hospital on June 15 , 2012 ital on June 15 , 2012 ospital care, treatment or maintenance during the Thousand Eight Hundred Forty-Three ospital's knowledge, the patient or the patient's the fallowing named and viduals and/or entities are
<pre>liable for stay.</pre>	damages arising fro	at the following named individuals and/or entities are in the patient's illness or injury causing the hospital
the Office hundred and undersigned the penalt: Lien as de	of the Recorder of d eighty (180) days d individual executing	the County in which the Hospital is located, within one after the patient was discharged from the Hospital. The this instrument, having been duly sworn upon oath, under by states that the Hospital intends to hold the Hospital that the facts and matters set forth in the foregoing the METHODIST HOSPITALS, INC.
STATE OF IN	NDIANA)	(1) BY Ingel Druk wh Angre Druk wh
COUNTY OF I	LAKE) ss	MOIANA MILE
Hospitals, are true ar	nd correct	, being a <u>Patient Representative</u> for The Methodist rn upon oath, says that the facts stated in the foregoing (2) Angue Djukych efore me, a Notary Public, this
_ (lugus)	, 2012	Sura Mc Stone
_	ion Expires.	Notary Public A Resident of Lake County
	24,2019	
I affirm, each social	under the penalties] security number in	for perjury, that I have taken reasonable care to redact this document, unless required by law.
This Instru	ument Prepared By	Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410
CASH CHE(RAGE	Official Seal LISA M STONE Resident of Lake County, IN My commission expires March 24, 2019

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