#100538844

STATE OF IMBIAGE LAKE COUNTY FILED FOR RECORD

2013 020684

2013 MAR 19 PM 1:23

MICHALO DE L'OVIA RECORDER

## Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	MCGHEE, WILLIAM JR	_
Patient:	MCGHEE, WILLIAM JR	Attorney:
	4234 W 22ND PL	•
	GARY, IN 46404	
		-
	f Lake County, Indiana	Indiana Department of Insurance
	y Government Center	311 W. Washington Street
2293 North	Main Street	Suite 300
Crown Point	t, Indiana 46307	Indianapolis, Indiana 46204
		+ THE METHODICE HOCDITALS INC. 600 Crapt Stroot Cary
You a	are hereby notified tha	t THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary,
IN 46402,	intends to hold a Hos	ital Lien for all reasonable and necessary charges for
hospital ca	are, treatment or maint	enance of the above listed patient as follows:
1	mb	ted to the hospital on February 17 , 2013
1.	The patient was admit	tal on February 17 A 2013
	mbs amount due for he	spital care, treatment or maintenance during the
2.	The amount due for he	ndred sixty five and 25/100 v
	65.25 Dollars.	spital's knowledge, the patient or the patient's
3.	To the best of the Ho	the following named individuals and/or entities are
legal repr	esentative claims that	the restination illance or injury cousing the hospital
	damages arising from	the patient's illness or injury causing the hospital
stay:		
Thic	lion is boing filed n	rsuant to the Hospital Lien Law, I.C. Section 32-33-4 in
the Office	of the Pagardar of t	he County in which the Hospital is located, within one
the Office	of the Recorder of	ter the patient was discharged from the Hospital. The
nunarea an	d eighty (160) days a	this instrument, having been duly sworn upon oath, under
undersigne	d individual executing	states that the Hospital intends to hold the Hospital
the penalt	les of perjury, hereby	at the facts and matters set forth in the foregoing
		at the laces and matters set forth in the foregoing
statement	are true and correct.	THE METHODIST HOSPITALS, INC.
		THE METHODIST HOSPITAIS, INC.
		(1) BY: Jolanda / Simpon
STATE OF I	NID T ANA A	Clanda R Simpson
SIAIL OF I	) ss:	pland it simple.
COUNTY OF		MOJANA JULE
COUNTI OF	LAKE )	
Т	Yolanda R Simpson , be	ng a Patient Representative for The Methodist Hospitals,
Inc. bein	g duly sworn upon oat	, says that the facts stated in the foregoing are true
and correc		$\frac{1}{2}$
(2) Golanda / Kemplon		
		rolanda R Simpson
Subs	cribed and sworn to be:	ore me, a Notary Public, this day of
Marala	, 2013.	$\frac{1}{1}$
11001001		Duise VII. Stom
My Commiss	ion Expires:	Notary Public
-	,	A Resident of Same County
20 2010 B	hay 2019	
I affirm,	under the penalties f	or perjury, that I have taken reasonable care to redact
each socia	l security number in th	is document, unless required by law.
	-	ζ' <u></u>
This Instr	ument Prepared By:	
		arle F. Hites, Attorney at Law
	1/	700 Broadway, Merrillville, IN 46410
	AMOUNT \$	
		The state of the s
	CASHCHARGE CHECK #	Official Seat
		(SEAL) Resident of Lake County, IN
	OVERAGEE	My commission expanse
	COPY	March 24, 2019
	NOIT-COM	العالم العال العالم العالم
	CLEBK	