## 2013 020691



2013 MAR 19 PM 1:23

MICHAEL STOWN RECORDER

# 100535853

Return To:

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

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	LARRY JONES		
Patient:	LARRY JONES	Attorney:	
	4909 VERMONT ST	· · · · · · · · · · · · · · · · · · ·	
	GARY , IN 46409		
Recorder o	f Lake County, Indian	na Indiana Department of Insurance	
	y Government Center	311 W. Washington Street	
	Main Street	Suite 300	
Crown Poin	t, Indiana 46307	Indianapolis, Indiana 46204	
IN 46402, hospital c	intends to hold a H are, treatment or mai	that THE METHODIST HOSPITALS, INC., 600 Grant Street ospital Lien for all reasonable and necessary charantenance of the above listed patient as follows:	c, Gary,
and was di	scharged from the hos	spital on February 28 2013	
2.	The amount due for	hospital care, treatment or maintenance during the	
	italization is Three	thousand three hundred thirty six & 00/100	
' <del></del>	336.00	the Lake County Recorder to the patient's Hospital's knowledge, the patient or the patient's	
liable for	resentative claims t	hat the following named individuals and/or entition the patient's illness or injury causing the	ties are hospital
stay:			
the Office hundred ar undersigne the penalt Lien as of	e of the Recorder of nd eighty (180) days ed individual execution ties of perjury, here	pursuant to the Hospital Lien Law, I.C. Section 32 the County in which the Hospital is located, with after the patient was discharged from the Hospital and this instrument, having been duly sworn upon oat eby states that the Hospital intends to hold the that the facts and matters set forth in the form the facts and matters. INC.	thin one al. The h, under Hospital
STATE OF I	(NDTANA )	DIAN HALL	
011112 01 2	) ss:	JEAL JEAL	
COUNTY OF	LAKE )	OJANA TITE	
being dul correct.	y sworn upon oath, a	Patient Representative for The Methodist Hospitals says that the facts stated in the foregoing are  (2)  DIAN HALL	s, Inc., true and
Subs	scribed and sworn to 1	before me, a Notary Public, this day of	
- IT KACA (	, 2013.	Kusa M. Storl	
My Commis:	sion Expires:	Notary Public	
March	_	A Resident of Mall	
I affirm, each soci	under the penalties al security number in	s for perjury, that I have taken reasonable care to this document, unless required by law.	o redact
This Inst	rument Prepared By:		
11110 11100		Earle F. Hites, Attorney at Law	
	11 -	8700 Broadway, Merrillville, IN 46410	
AMC	OUNT \$		
CAS	HCHABGE	of the state of th	1
CHE	CK#	Official Seal	1
OVE	RAGE	(SEAL) Resident of Lake County. IN	•
COF	DYE	My commission expires March 24, 2019	

213441

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CLERK\_\_\_\_