TO:

214291

2013 028206

STATE OF INDIA COL LAKE COUNTY FILED FOR RECORD

2013 APR 19 AM 11: 47

Return To:

Hodges & Davis, MCHALL MANNEY SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	JEREMY AHRENS	
ratient:	JEREMY AHRENS	Attorney:
	741 CLOVER LANE CROWN POINT, IN 46307	
Recorder of	Lake County, Indiana	Indiana Department of Insurance
Lake County Government Center 2293 North Main Street		311 W. Washington Street
Crown Point, Indiana 46307		Suite 300
CIOWII POINC	., Indiana 46307	Indianapolis, Indiana 46204
nospital ca	re, treatment or maintenar	HE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, l Lien for all reasonable and necessary charges for nce of the above listed patient as follows:
1. and was dis	The patient was admitted charged from the hour that	to the hospital on JANUARY 4,2013
2.	The amount due for hospital	JANUARY 4, 2013
above hospi	talization is Two Thous	and Eight Hundred Ten & 44/100
\$	2,810.44 Dollars	Ten & 44/100
legal repre	sentative claims that Of	al's knowledge, the patient or the patient's ne following named individuals and/or entities are patient's illness or injury causing the hospital
nundred and undersigned the penaltic	eighty (180) days after individual executing this	county in which the Hospital is located, within one the patient was discharged from the Hospital. The instrument, having been duly sworn upon oath, under that the Hospital intends to hold the Hospital intends and matters set forth in the foregoing
STATE OF IND COUNTY OF LA I Meli Inc., being and correct.	Ssa Vasquez hoing	THE METHODIST HOSPITALS, INC. BY: Melissa Vasquez Melissa Vasquez atient Representative for The Methodist Hospitals, ys that the facts stated in the foregoing are true
		Melissa Vasquez
Subscr:	ibed and sworn to before m , 2013.	e, a Notary Public, this day of
My Commission	ı Expires:	Bug M. Stone
Much	24,2019	A Resident of Sala County
I affirm, une	der the penalties for per security number in this doc	rjury, that I have taken reasonable care to redact cument, unless required by law.
This Instrume	nt Prepared By:	
	Earle	F. Hites, Attorney at Law
	1/~ 870.0 B	roadway, Merrillyille, IN 46410
AMOUNT \$	/1-	- A ALTON ANATU
CASH	CHARGE	and the same of th
CHECK #	18/48	Official Seal
OVERAGE		(f(bh.t.))) Besident a Lake County and 🕻
COPY	<i>E</i>	March 24, 2019
NON-COM_ CLERK	PP	The grant of the control of the cont