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MICHAEL D. BROWN RECORDER

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TO:

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Cynthia White-Cobbs

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Cynthia White-Cobbs	Attorney:	
	1315 Adams St #201	-	
	Gary, IN 46407	- _	
Dagger	Talla Carta Talla	-	
	Lake County, Indiana Government Center	Indiar	na Department of Insurance
	Main Street		. Washington Street
	, Indiana 46307	Suite	
CIOWII IOIIIC	, indiana 40307	Indiai	napolis, Indiana 46204
IN 46402, in the hospital ca	intends to hold a Hosp re, treatment or mainte	oital Lien for all renance of the above l	TTALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
2.		tal on <u>April 15 ,</u> spital care, treatmer	2013 .nt or maintenance during the
above hospi	talization is <u>Two Thor</u>	isand Four Hundred Th	nirteen and 25/100
	413.25) Dollars	Lake County Red	the patient or the patient's
liable for	esentative claims that	the following name	the patient or the patient's d individuals and/or entities are ness or injury causing the hospital
stay:			
the Office hundred and undersigned the penalti Lien as de	of the Recorder of the leighty (180) days af individual executing tes of perjury, hereby	ne County in which ter the patient was this instrument, have states that the Hos	al Lien Law, I.C. Section 32-33-4 in the Hospital is located, within one discharged from the Hospital. The ing been duly sworn upon oath, under spital intends to hold the Hospital latters set forth in the foregoing
		THE METHODIS	ST HOSPITALS, INC.
		(1) BY:	ingue by use ton
STATE OF IN		[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Andie Djukich
COLINIMY OF T) ss:	WOLAND STILL	
COUNTY OF L.	AKE)	THE PARTY OF THE P	
I An	gie Djukich	, being	a Patient Representative for The
		duly sworn upon oath	says that the facts stated in the
foregoing a	re true and correct.	/	a says that the lates stated in the
		(2)	lage Bulch
			Angle Djukich
Subsc	ribed and sworn to befo	ore me, a Notary Publ	ic, this 477 day of
april	, 2013.	A in	M. Ston
My Commissi	on Evniros.	01600	
_	-	A Resident o	Notary Public of Lake County
March.	24,2019		
I affirm, u each social	under the penalties for security number in thi	r perjury, that I had so compart, unless r	ave taken reasonable care to redact equired by law.
This Instru	ment Prepared By:		
		arle F. Hites, Attorn	ey at Law
		00 Broadway, Merrill	
	1/-		11 To 12 To
AMOUNT \$			Millian Seal
CASHCH	ARGE 21L		LISA M. STONE
CHECK #	1037		My commission express
OVERAGE	<i>C</i>		March 24, 2019