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MICHAEL B. BROWN RECORDER

#100635071

220324

NON-COM. CLĘRK.

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

| TO: Patient: | MCCLAIN, JOYCE MCCLAIN, JOYCE | Attorney: | |
|---|--|--|-------------------------|
| | 1921 MASSACHUSETTS ST, #1 | | |
| | GARY, IN 46407 | | |
| Lake County 2293 North | Lake County, Indiana Government Center Main Street , Indiana 46307 | Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204 | |
| IN 46402, i | intends to hold a Hospital Lien | HODIST HOSPITALS, INC., 600 Grant Street, for all reasonable and necessary charges the above listed patient as follows: | Gary, s for |
| above hosping (\$\frac{1}{1}\$, to which the | charged from the hospital on Second The amount due for hospital care talization is One thousand sever 720.00) Dollars. This are patient is entitled under the | e, treatment or maintenance during the | dical |
| other benefit 3. legal repre | it. To the best of the Hospital's kresentative claims that the follow | nowledge, the patient or the patient's owing named individuals and/or entities ient's illness or injury causing the hosp | are |
| the Office (90)days afterecuting to perjury, he | of the Recorder of the County in ter the patient was discharged f this instrument, having been du reby states that the Hospital 1 that the facts and matters set | the Hospital Lien Law, I.C. Section 32-33- n which the Hospital is located, within not from the Hospital. The undersigned individuly sworn upon oath, under the penaltic intends to hold the Hospital Lien as described in the foregoing statement are true the METHODIST HOSPITALS, INC. Y: Manda Manda | inety idual es of ribed |
| STATE OF INI |) ss: | VOIAN Manda R Simpson | |
| | duly sworn upon oath, says tha | ent Representative for The Methodist Hospitat the facts stated in the foregoing are Jolanda Jungson Manda R Simpson Manda R Simps | |
| Octo Duy | ribed and sworn to before me, a N | Notary Public, this 17 day of Swin Mistory day | |
| My Commission | on Expires: | Notary Public | |
| march | 1 24, 2019 | Resident of Ball County | |
| | under the penalties for perjury, security number in this decument | , that I have taken reasonable care to ret, unless required by law. | edact |
| AMO CASH CHE | | tes, Attorney at Law ay, Merrillville, IN 46410 Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019 | |