2013 090841

2013 DEC 11 PM 2: 48

MICHAEL U. BROWN RECORDER

201072328

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

	TO:	Stoner, Lois			
	Patient:	Stoner, Lois	Attorney:		
		11778 Broadway Crown Point, IN 46	5307		
	Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	a India 311 W Suite	na Department of Insur . Washington Street 300 napolis, Indiana 46204	
	IN 46402,	intends to hold a Ho	spital Lien for all	PITALS, INC., 600 Gran reasonable and necessa listed patient as foll	rv charges for
	above hospi (\$ 4, to which the	charged from the hosp The amount due for planting talization is Four 141.00 e patient is entitled and credits for all	oital on <u>September 2</u> dospital care, treatme <u>Chousand</u> , One Hundred, ars. This amount is a d under the terms of a	nt or maintenance duri	ng the or any benefits lan, or medical
	3. legal repressible for stay:	esentative claims the	at the following name	the patient or the pat ed individuals and/o ness or injury causin	r entities are
	This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-the Office of the Recorder of the County in which the Hospital is located, within not (90) days after the patient was discharged from the Hospital. The undersigned indiversecuting this instrument, having been duly sworn upon oath, under the penaltic perjury, hereby states that the Hospital intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true correct. THE METHODIST HOSPITALS, INC.				
	STATE OF INDIANA) ss: COUNTY OF LAKE) (1) By: Landa Ull Sandra Allen				
	I Sandra Allen , being a Patient Representative for The M. Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the fact are true and correct. (2) Sandra Allen				
Subscribed and sworn to before me, a Notary Public, this 30 day of Aug M. Stone				of .	
	My Commission	on Expires:			ablic
	Much	24, 2019	A Resident o	of Salve Notary Pu	inty
I affirm, under the penalties for perjury, that I have taken reasonabeach social security number in this document, unless required by law.					care to redact
, p			Earle F. Hites, Attorn 8700 Broadway, Merrill	ville, IN 46410	