STATE OF INDIAGO LAKE COUNTY FILED FOR RECORD

## 2013 092270

#201136436

MACON COMPANY

222188

2013 DEC 18 AM 10: 11

MICHAEL B. BROWN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

TO:	JAUNICQUA S BORDERS			
Patient:	JAUNICQUA S BORDERS	Attorney:		
	6772 FILLMORE BLVD MERRILLVILLE, IN 464			
-	MERKILLVILLE, IN 464	<u> </u>		
Lake County 2293 North N	Lake County, Indiana Government Center Main Street Indiana 46307	311 V Suite	ana Department of Insurance W. Washington Street	
CIOWII IOIIIC,	, Indiana 4030/	India	anapolis, Indiana 46204	
IN 46402, i	ntends to hold a Ho	spital Lien for all	SPITALS, INC., 600 Grant Street, Gary reasonable and necessary charges fo listed patient as follows:	, r
	charged from the hosp	ital on NOVEMBER 09	on NOVEMBER 09 , 2013	
above hospit (\$ 3,4	calization is THREE	THOUSAND FOUR HUNDRED	ent or maintenance during the DSEVENTY-ONE 00/100	
to which the	e patient is entitled and credits for all	d under the terms of	subject to reduction for any benefit any contract, health plan, or medica ual adjustments, write-offs, and an	1
3. legal repre liable for stay:	sentative claims tha	at the following nam	the patient or the patient's ned individuals and/or entities ar lness or injury causing the hospita	e I
the Office (90)days aft executing t perjury, her	of the Recorder of t ter the patient was his instrument, hav reby states that the	he County in which the discharged from the l ing been duly sworn Hospital intends to	tal Lien Law, I.C. Section 32-33-4 in the Hospital is located, within ninet Hospital. The undersigned individual upon oath, under the penalties of hold the Hospital Lien as describe the foregoing statement are true and	y il of
		THE METHOD	IST HOSPITALS, INC.	
STATE OF INC	DIANA ) ) ss:	WDIAN, MELIA	SSA VASQUEZ	
COUNTY OF LA	AKE )			
Hospitals, lare true and	Inc., being duly sword correct.	rn upon oath, says th  (2)  MRLIS  fore me, a Notary Pub		t ıg
Mr. Commission	na Dana i na na	Nung	M. Stone	
My Commission  March 2		A Resident	of Halle County	
I affirm, u	nder the penalties f	for perjury, that I has document, unless	have taken reasonable care to redac	t
		inis document, unitess	required by raw.	
		Earle F. Hites, Attor 8700 Broadway, Merril		
045 045 007 007	CHAPGE 333 CON 18 CONTROL OF THE CON		Official Seal LISA M. STONE Resident of Lake County the My commission of Automatical Seal March 24, 2019 March 24, 2019	