2013 092275

## 2013 DEC 18 AM 10: 11

MICHAEL E. BROWN RECORDER

# 100661440

222179

TO:

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

Patient:	PAUL, FRANK	Attorney:
	1349 CALIFORNIA ST	
	HOBART, IN 46342	
Recorder of	Lake County, Indiana	Indiana Department of Insurance
	Government Center	311 W. Washington Street
	Main Street	Suite 300
Crown Point	z, Indiana 46307	Indianapolis, Indiana 46204
IN 46402,	intends to hold a Hospital	METHODIST HOSPITALS, INC., 600 Grant Street, Gary, Lien for all reasonable and necessary charges for of the above listed patient as follows:
1.	The patient was admitted to	the hospital on November 07 , 2013
and was dis	scharged from the hospital on	care, treatment or maintenance during the
		four hundred thirty nine and 75/100
_		nis amount is subject to reduction for any benefits
to which the insurance, other benef	and credits for all paymen	the terms of any contract, health plan, or medical acts, contractual adjustments, write-offs, and any
3.	To the best of the Hospital	's knowledge, the patient or the patient's
		following named individuals and/or entities are patient's illness or injury causing the hospital
the Office (90)days af executing to perjury, he above and to	of the Recorder of the Counfter the patient was discharthis instrument, having been ereby states that the Hospit	to the Hospital Lien Law, I.C. Section 32-33-4 in ty in which the Hospital is located, within ninety ged from the Hospital. The undersigned individual en duly sworn upon oath, under the penalties of al intends to hold the Hospital Lien as described set forth in the foregoing statement are true and
correct.	(1)	THE METHODIST HOSPITALS, INC.  BY: Uslanda Simpaon
STATE OF IN	NDIANA )	Molanda R Simpson
COUNTY OF L	·	
I Hospitals, are true an	Inc., being duly sworn upon	oath, says that the facts stated in the foregoing    Jolanda   Jundon     Yolanda R Simpson   The Methodist
	cribed and sworn to before me $\mathcal{U}$ , 2013.	, a Notary Public, this 35 day of
My Commissi	ion Expires:	Notary Public
- A	AU , 2019	A Resident of Man County
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
I affirm, each social	under the penalties for per L security number in this doc	jury that I have taken reasonable care to redact unent, unless required by law.
This Instru	ument Prepared By:	6
ASSACLE		. Hites, Attorney at Law coadway, Merrillville, IN 46410
CASAL CHECK	agus agrichine se transa de la granda de la g La granda de la granda d	Official Seal
REVO 1990	A Control of the Cont	(SKAL) Resident of Lake County. (N
	SON CONTRACTOR AND	March 24, 2019