2013 092276

## 2013 DEC 18 AM 10: 12

MICHAEL B. BROWN RECORDER

# 201136855

Return To:

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

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

TO:	MOORE,	FLORA				
Patient:	MOORE,		Attorne	<b>∍</b> y:		
	124 W 4		<del></del>			•
	GARY, I	N 46408	<del></del>			
Recorder of Lake County 2293 North Crown Point	y Governme Main Stre	et	3. St	l1 W. Washing uite 300	ement of Insura gton Street Indiana 46204	nce
IN 46402,	intends t	o hold a Hos	at THE METHODIST pital Lien for a tenance of the abo	ll reasonabl	e and necessa:	v charges for
2. above hospi (\$ 2, to which the	scharged f The amou italizatio ,106.25 ne patient and cred	rom the hospint due for home is <u>Two the</u>	ted to the hospit tal on <u>November</u> espital care, trea ousand one hundred rs. This amount under the terms payments, contra	10 , 2013 atment or maid six and 25/ is subject tof any contr	ntenance during (100 o reduction for act, health pl	g the  r any benefits an, or medical
3. legal repr	To the b	claims that	ospital's knowledget the following the patient's	named indi-	viduals and/or	entities are
the Office (90)days af executing perjury, he	of the Re fter the p this inst ereby stat	ecorder of the patient was drument, having that the	ursuant to the Ho e County in which ischarged from th ng been duly sw Hospital intends tters set forth	n the Hospital. ne Hospital. orn upon oa to hold the	The undersigned, The undersigned the under the Hospital Lier oing statement	within ninety ned individual penalties of as described
STATE OF IN	IDIANA	) ) ss:	(1) BY:	Standa R Simp	Dimpon	
COUNTY OF I	LAKE	)				
Hospitals, are true and	Inc., bei	ng duly swor: . sworn to bef	ore me, a Notary	that the fanda landa R Simp Public, this	ects stated in Simplon son 500 day o	the foregoing
1 Overvis	01 , 2013	•	Quò	int of Ban	M.	
My Commissi	on Expire	5:		Lan	Notary Pul	
March	24,2019	<u>'</u>	A Reside	ent of // 1666	<u>Cou</u> :	nty
			or perjury, that is document, unle			are to redact
This Instru	ment Prepa		7			
AMOU CASHL CHEC OVER COPY NON-	NT Section of the sec		arle F. Hites, At 700 Broadway, Mer	_	N 46410  House Scientific and Scient	eal VE ake County, IN ion expires
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