## 2014 001044

2014 JAN -9 PM 2: 23

MICHAEL B. BROWN RECORDER

#201153389

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

TO:	DEVAN DOHERTY		
Patient:	DEVAN DOHERTY	Attorney:	
	6102 DELAWARE ST MERRILLVILLE, IN 46410	· · · · · · · · · · · · · · · · · · ·	
	THERMITE TIME, IN 46410		
Lake County 2293 North	f Lake County, Indiana y Government Center Main Street c, Indiana 46307	311 W. W Suite 30	Department of Insurance ashington Street O olis, Indiana 46204
	are hereby notified that intends to hold a Hospitare, treatment or maintend	THE METHODIST HOSPITA	ALS, INC., 600 Grant Street, Gary,
1. and was dis	The patient was admitted scharged from the hospital	Lon NOVEMBER 30	3043
above hospi	-carrageron rs _ wo inous	TND SIX HUNDRED FIFTY	or maintenance during the
to which the insurance, other benef	and credits for all pa	yments, contractual	ject to reduction for any benefits contract, health plan, or medical adjustments, write-offs, and any
3. legal repriliable for stay:	eseurgrive Claims Lust L	he tollowing named	patient or the patient's individuals and/or entities are or injury causing the hospital
(90)days af executing perjury, he	Eter the patient was disc this instrument, having ereby states that the Hos	harged from the Hosp. been duly sworn upon spital intends to hold rs set forth in the	Lien Law, I.C. Section 32-33-4 in ospital is located, within ninety ital. The undersigned individual on oath, under the penalties of d the Hospital Lien as described foregoing statement are true and
STATE OF IN	) ss:	(1) BY; MELISSA V	wia Nasances
	,		
I Hospitals, are true an	inc., being duly sworn up	pon oath, says that the says $M_{0}$	presentative for The Methodist the facts stated in the foregoing ASQUEZ
Pecember	ribed and sworn to before $1$ , 2013.	me, a Notary Public,	this/3/ day of
My Commissi	on Expires:	Susa Mi	STOTIL
· ·	24,2019	A Resident of _	Same Notary Public County
I affirm, we each social	nder the penalties for person security number in this	perjury, that I have document, unless requ	taken reasonable care to redact ired by law.
This Instru	ment Prepared By:		
	Earle	e F. Hites, Attorney Broadway, Merrillvil	
AMANG CAMA CAMO CAMO ANOM ANOM	8700		Official Seal LISA M. STONE Resident of Lake My commission exp March 24, 2019