STATE OF INDIANCE LAKE COUNTY FILED FOR RECORD

2014 001048

2014 JAN -9 PM 2: 23

ACCOUNT 201111883

MICHAEL B. BROWN RECORDER

> Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2015

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	CHARLES JON					
Patient:	CHARLES JON		Attorney:			
	7710 GRANT	LE, IN 46410				
	V-1	· · · · · · · · · · · · · · · · · · ·				
Lake County 2293 North	Lake County, Government C Main Street , Indiana 463	Center	311 V Suite	ana Department V. Washington e 300 anapolis, Ind	Street	е
IN 46402, i	ntends to ho	tified that THE old a Hospital c or maintenance	Lien for all	reasonable an	nd necessary	charges for
2. above hospi	charged from The amount d talization is 281.25	was admitted to the hospital of due for hospital THREE THOUSA Dollars. To entitled under	n October 23 l care, treatme ND TWO HUNDRED This amount is	2013 ent or mainter EIGHTY ONE 29 subject to re	 nance during 5/100 eduction for	any benefits
insurance, other benefit	and credits	for all payme	ents, contractu	any contract, nal adjustmen	ts, write-of	fs, and any
3. legal repre liable for stay:	sentative c <mark>l</mark>	of the Hospita aims that the sing from the	following nam	ed individu	als and/or e	ntities are
the Office (90)days af executing tperjury, he	of the Record ter the pation this instrume reby states	g filed pursuander of the Countert was discharged between the Hospits and matters	nty in which the segon from the segon from the segon the segon to the segon the segon to the segon to the segon the segon to the segon the	ne Hospital i Hospital. Th upon oath, hold the Hos	s located, wi e undersigned under the p spital Lien a	ithin ninety d individual enalties of as described
		(1)		ST HOSPITALS	WILL	
STATE OF INI	DIANA	) ) ss:	REGIN	PIRTLE		
COUNTY OF LA	AKE	)				
Methodist He foregoing as	re true and c	(2)	sworn upon oat	rui Pu	the facts st	
Decombi	ribed and swo $M_{\perp}$ , 2013.	rn to before me	e, a Notary Pub	lic, this $\frac{4}{}$	day of	
My Commissio	on Expires:		A Posidont	of Law	Notary Publi	LC
Worch 2	4,2019		A Kesidelic	or franc	Councy	
I affirm, u each social	nder the pen security num	alties for per ber in this doo	jury, that I l	nave taken re required by l	asonable car	e to redact
This Instrum	nent Prepared	Earle H	F. Hites, Attor	<del>-</del>	410	<b>Management</b>

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