STATE OF INDIAN LAKE COUNTY FILED FOR RECORD

2014 003505

2014 JAN 17 PM 1: 17

MICHAEL B. BROWN RECORDER

2011/6001

Return To:

PEPIN, SCHUYLER

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

	PEPIN, SCHUYLER	_	
	31 PREDIAN DR		
	BOURBONNAIS, IL 609	$\overline{1}$ 4	
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Recorder of	Lake County, Indiana	India	na Department of Insurance
	Government Center	311 W	. Washington Street
-	Main Street	Suite	
	, Indiana 46307		napolis, Indiana 46204
010 2020	, 111414114 1000		
IN 46402,	intends to hold a Hosp	oital Lien for all	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
1.	The patient was admit	ted to the hospital	on October 26 , 2013
	charged from the hospi		
2.			nt or maintenance during the
	talization is Two tho	usand four hundred n	ine and 25/100
(\$ 2,	409 25 Dollar	skerhis amount is	subject to reduction for any benefits
to which th	e patient is entitled	under the terms of	any contract, health plan, or medical
incumence	and and to for all	narmonts contractu	al adjustments, write-offs, and any
other benef		payments, contractu	at adjustments, write orrs, and any
		anital/a knowlodge	the patient or the patient's
3.			ed individuals and/or entities are
legal repre	esentative craims that	the following name	ness or injury causing the hospital
	damages arising from	the pattent's III	mess of injury causing the nospital
stay:			
mb; c	Tion is being filed by	remant to the Hospi	tal Lien Law, I.C. Section 32-33-4 in
the Office	of the Degarder of the	a County in which the	ne Hospital is located, within ninety
the Office	of the Recorder of the	e country in which the	Hospital. The undersigned individual
(90)days ar	ter the patient was d	ischarged from the r	upon oath, under the penalties of
executing	this instrument, navi	ng been duly sworn	hold the Hospital Lien as described
perjury, ne	ereby states that the	nospital intellas to	the foregoing statement are true and
	that the facts and made	cers set forch in	the loregoing statement are true and
correct.		THE METHOD I	ST HOSPITALS, INC.
		TUE METHODI	SI HOSPETALS, INC.
		C. Almost	
		(1) BY:	landa Bennar
כייאיים אני זא	DIANA		landa Sempaon
STATE OF IN			landa Sempoon da R Simpson
) ss:		
STATE OF IN) ss:		
COUNTY OF L) ss: AKE)	Yalan	da R Simpson
COUNTY OF L) ss: AKE) Olanda R Simpson , bei	Y lan	entative for The Methodist Hospitals,
COUNTY OF I) ss: AKE) <u>'Olanda R Simpson</u> , bei g duly sworn upon oath	Y lan	da R Simpson
COUNTY OF L) ss: AKE) <u>'Olanda R Simpson</u> , bei g duly sworn upon oath	Ing a <u>Patient Repres</u> a, says that the fac	entative for The Methodist Hospitals, cts stated in the foregoing are true
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