STATE OF INDIAMA LAKE COUNTY FILED FOR RECORD

2014 003513

2014 JAN 17 PM 1: 18

Acct#100666354

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MICHAEL H. BROWN

Hodges & Davis, RECORDER

8700 Broadway, Merrillville, IN 46410

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

TO:	Kerry Crout			
Patient:	Kerry Crout 369 Grant Street	Attorney:		
	Gary, IN 46402			
Lake Count 2293 North	f Lake County, Indiana y Government Center Main Street t, Indiana 46307	311 W. W Suite 30	Department of Insurance Washington Street 00 00lis, Indiana 46204	
IN 46402,	intends to hold a Hospi are, treatment or mainten	tal Lien for all rea ance of the above lis		
1. and was di: 2.	The patient was admitte scharged from the hospita	l on November 15,	November 15 , 2013  2013  or maintenance during the	
above hosp	italization is <u>One thous</u>	and five hundred fift	y one & 25/100	
to which the	he patient is entitled un and credits for all pa fit.	nder the terms of any ayments, contractual	ject to reduction for any b contract, health plan, or adjustments, write-offs, a	medical
legal repr	esentative claims that	the following named	patient or the patient's individuals and/or entities or injury causing the h	
the Office (90)days a executing perjury, h above and correct.	of the Recorder of the fter the patient was dis this instrument, having ereby states that the Hothat the facts and matter	County in which the R charged from the Hosp been duly sworn up spital intends to ho ers set forth in the THE METHODIST  (1) BY:	Lien Law, I.C. Section 32-Hospital is located, within bital. The undersigned indicated on oath, under the penaltic ld the Hospital Lien as deforegoing statement are to HOSPITALS, INC.	ninety ividual ies of scribed
STATE OF I	) ss:			
COUNTY OF 1	LAKE )			
foregoing a	are true and correct.	(2) worn upon oath,	Patient Representative f says that the facts stated NCY FARRIES	
Now Subst	cribed and sworn to befor, 2013.	e me, a Notary Public	, this $95'''$ day of	
My Commiss	ion Expires:	A Resident of	Notary Public County	
March	24,2019	A Resident of	County:	
I affirm, each socia	under the penalties for l security number in this	perjury that I have document, unless req	e taken reasonable care to uired by law.	redact
ļ	AMOUNT \$ 870 CASHCHARGE	le F. Hites, Attorney O Broadway, Merrillvi	lle, IN 46410	
(	CHECK #		SEAL Resident of Lake Count My commission expire March 24, 2019	y, IN s
22313	DLERK UC'II			