STATE OF INDIAGE ARE COUNTY FILED FOR RECORD

## 2014 003515

2014 JAN 17 PM 1: 18

MICHAEL B. BROWN RECORDER

Acct#201144875

NON-COM\_ CLERK\_\_\_

22312

## Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Neal L. Birdsong Jr. Neal L. Birdsong Jr. Attorn  1715 W. 5th Avenue Apt D6  Gary, IN 46404	ney:
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
You are hereby notified that THE METHODIST IN 46402, intends to hold a Hospital Lien for hospital care, treatment or maintenance of the a	HOSPITALS, INC., 600 Grant Street, Gary, all reasonable and necessary charges for bove listed patient as follows:
1. The patient was admitted to the hosp and was discharged from the hospital on Novembre 2. The amount due for hospital care, trabove hospitalization is Eight hundred forty on (\$\frac{\sigma}{841.00}\$) Dollars. This amount to which the patient is entitled under the term insurance, and credits for all payments, contother benefit.	eatment or maintenance during the edollars & 00/100 c is subject to reduction for any benefits of any contract, health plan, or medical
3. To the best of the Hospital's knowled legal representative claims that the following liable for damages arising from the patient's stay:	g named individuals and/or entities are
the Office of the Recorder of the County in who (90) days after the patient was discharged from executing this instrument, having been duly perjury, hereby states that the Hospital intendabove and that the facts and matters set forth correct.  THE ME	the Hospital. The undersigned individual sworn upon oath, under the penalties of ds to hold the Hospital Lien as described
(1) BY: <u>U</u>	NANCY FARRIES
STATE OF INDIANA ) ) ss: COUNTY OF LAKE )	
I NANCY FARRIES , Methodist Hospitals, Inc., being duly sworn upon foregoing are true and correct.	being a <u>Patient Representative</u> for The on oath, says that the facts stated in the NANCY FARRIES
Subscribed and sworn to before me, a Nota:	ry Public, this <u>25</u> day of
My Commission Expires:	ident of Notary Public County
March 34,2019	ident ofCounty
I affirm, under the penalties for perjury, the each social security number in this document, us	at I have taken reasonable care to redact nless required by law.
This Instrument Prepared By:  Earle F. Hites, 8700 Broadway,	Attorney at Law Merrillville, IN 46410
CASHCHARGEOHECK #OVERAGE COPYE	Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019

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