2014 005773

2014 JAN 30 PM 1: 22

MICHAEL B. BROWN RECORDER

ACCOUNT 100682820

TO:

Return To:

ROBERT HENDERSON

Patient: ROBERT HENDERSON

NON-COM_

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

GARY, IN 46403	
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
IN 46402, intends to hold a Hospi	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, ital Lien for all reasonable and necessary charges for nance of the above listed patient as follows:
The amount due for hose above hospitalization is ONE THOU (\$\frac{1,475.75}{2.00}\$) Dollars to which the patient is entitled to insurance, and credits for all pother benefit. 3. To the best of the Hose degal representative claims that	ed to the hospital on December 13 , 2013 al on December 13 , 2013 . pital care, treatment or maintenance during the SAND FOUR HUNDRED SEVENTY FIVE 75/100 s. This amount is subject to reduction for any benefits inder the terms of any contract, health plan, or medical bayments, contractual adjustments, write-offs, and any pital's knowledge, the patient or the patient's the following named individuals and/or entities are the patient's illness or injury causing the hospital
the Office of the Recorder of the (90)days after the patient was diexecuting this instrument, having perjury, hereby states that the H	County in which the Hospital is located, within ninety scharged from the Hospital. The undersigned individual g been duly sworn upon oath, under the penalties of ospital intends to hold the Hospital Lien as described ters set forth in the foregoing statement are true and THE METHODIST HOSPITALS, INC. (1) BY: Required Fig. 1.C.
STATE OF INDIANA)) ss:	RÈG!NA\ PIRTLÈ
COUNTY OF LAKE	Detiret Permanentative for The
foregoing are true and correct.	, being a <u>Patient Representative</u> for The duly sworn upon oath, says that the facts stated in the (2) REGINA PIRTLE re me, a Notary Public, this day of
January, 2014.	Luna M. Stone
My Commission Expires:	A Resident of Sale County
March 24, 2019	
I affirm, under the penalties for each social security number in thi	r perjury, that I have taken reasonable care to redact solutions, unless required by law.
	rle F. Hites, Attorney at Law OO Broadway, Merrillville, IN 46410
AMOUNT \$CHOOSECHECK #CHECK #	Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019