2014 005782

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TO:

MICHAEL B. BROWN RECORDER

Return To:

Kymeisha Stokes

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Kymeisha Stokes 5950 Arthur St	Attorney:	
	Merrillville, IN	76710	
Lake County 2293 North	Lake County, India Government Center Main Street , Indiana 46307	311 W. Suite 3	a Department of Insurance Washington Street 300 apolis, Indiana 46204
±11 10102, ±	TICETION CO HOTO 9 1	that THE METHODIST HOSPI	TALS, INC., 600 Grant Street, Gary, asonable and necessary charges for sted patient as follows:
above hospit (\$ 67 to which the	The amount due for calization is Six 9.25 Dollar patient is entited	Hundred Seventy-Nine and lars. This amount is subject the tarms of an	2013
3. legal repre	To the best of the sentative claims t	Hospital's knowledge, th	e patient or the patient's individuals and/or entities are so or injury causing the hospital
(90) days aft executing the perjury, her	or the Recorder of er the patient was his instrument, ha eeby states that th	the County in which the discharged from the Hos wing been duly sworn use Hospital intends to he matters set forth in the	Lien Law, I.C. Section 32-33-4 in Hospital is located, within ninety pital. The undersigned individual pon oath, under the penalties of old the Hospital Lien as described foregoing statement are true and
		THE METHODIST	HOSPITALS, INC.
STATE OF IND	IANA)) ss:	(1) BY; An	ngie Sukich
COUNTY OF LA			
Methodist Ho foregoing ar	e true and correct. ibed and sworn to b _, 2014.	ng duly sworn upon oath, $(2) \qquad \qquad$	Patient Representative for The says that the facts stated in the note by the part of the day of the Notary Public
March	24,2019	A Resident of	LakeCounty
I affirm, un	der the penalties	for perjury, that I hav this document, unless rec	e taken reasonable care to redact puired by law.
This Instrume	ent Prepared By:	20	
AMOUNT \$	//-	Earle F. Hites, Attorney 8700 Broadway, Merrillvi	
CASIL CHECK # OVERAGE COPY_ NON-COM	CIMPOE 19416 E		Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019

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