## 2014 005786

## 2014 JAN 30 PM 1: 23

MICHAEL B. BROWN RECORDER

> Official Seal LISA M. STONE Resident of Lake Constant My commission express March 24, 2019

SEAL

# 201203453

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

TO:	MARIN, MAI	RIA					
Patient:	MARIN, MAI	RIA	_ At	torney:			
	905 W 37TI		<u>1</u> 3				
	HOBART, II	N 46342	_				
Lake County 2293 North	Lake County Government Main Street , Indiana 4	Center		311 W. Suite 3	Department Washington S 00 polis, India	Street	ce
				DTOM HOODIN	DATA THA	COO C	Charact Carrie
IN 46402,	intends to	hold a Hosp	pital Lien	for all rea	asonable and sted patient	d necessary	Street, Gary, charges for s:
	scharged from	n the hospi	tal on Ja	nuary 03 ,		. •	+ ho
2. above hosni	The amount	aue for no	spital care	undred thir	or maintena teen and 00/	/100	cire
(\$ 2 to which the	,113.00 ne patient i	)_Dollars entitled	rs. This a under the	mount is sul terms of any	bject to red v contract,	luction for health pla	any benefits n, or medical ffs, and any
other benef	fit.			<b>√</b>			
3. legal repr liable for stay:	esentative o	claims that	the follo	owing named	e patient or individua ss or injur	ls and/or	nt's entities are the hospital
the Office (90)days as executing perjury, h	of the Reco fter the pat this instru ereby states	order of the ient was doment, having that the	e County ir ischarged fing been du Hospital in ters set f	which the from the Hosely sworn untends to he forth in the methodist	Hospital is spital. The pon oath, would the Hospital Hospitals,	located, undersign under the pital Lien statement	on 32-33-4 in within ninety ed individual penalties of as described are true and
STATE OF I		) ) ss:	anni	/ dlanda	R Simpton	y	
COUNTY OF		J					
IInc., bein and correc	g duly swor:	mpson , bei n upon oath	ing a <u>Patie</u> n, says tha (2)	t the facts	tative for T s stated in A R Simpson	The Methodi the foreg	st Hospitals, oing are true
My Commiss	y, 2014. ion Expires: $y$		<i>-</i> €	Notgry Publi  Sung Notgent  Resident of	c, this 13 1, Store E Lare	Notary Puk Cour	nty
I affirm, each socia	under the p	enalties f umber in th	or perjury, nis document	that I ha	ve taken re equired by la	asonable c aw.	are to redact
This Instr	ument Prepar	ed By:	2	<i>&gt;</i> >			
	ir d //-	H	Earle F. Hi 3700 Broadw	tes, Attorne ay, Merrilly	ey at Law ville, IN 46	410	
CHECK CHECK	the Change			4	TOV BY	Official Sea	and the second s

224035

OVERAGE

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