STATE OF INDIAGO LAKE COUNTY FILED FOR RECORD

2014 006210

2014 JAN 31 PM 1:41

MICHAEL B. BROWN RECORDER

# 201194871

Patient:

224400

Return To:

LOZANO, CAITLIN

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

Attorney:

LOWELL, IN 46356	
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
You are hereby notified that THE METHO IN 46402, intends to hold a Hospital Lien hospital care, treatment or maintenance of the	DIST HOSPITALS, INC., 600 Grant Street, Gary, for all reasonable and necessary charges for above listed patient as follows:
above hospitalization is One thousand six hu ( $\frac{5}{1,670.00}$ ) Dollars. This am to which the patient is entitled under the tinsurance, and credits for all payments, or	ember 30 , 2013 . treatment or maintenance during the
legal representative claims that the follow	owledge, the patient or the patient's wing named individuals and/or entities are nt's illness or injury causing the hospital
the Office of the Recorder of the County in (90) days after the patient was discharged freexecuting this instrument, having been dulperjury, hereby states that the Hospital in above and that the facts and matters set forcerect.	he Hospital Lien Law, I.C. Section 32-33-4 in which the Hospital is located, within ninety rom the Hospital. The undersigned individual y sworn upon oath, under the penalties of tends to hold the Hospital Lien as described orth in the foregoing statement are true and
STATE OF INDIANA )	Jolanda Simpson
COUNTY OF LAKE )	
I Yolanda R Simpson, being a Patient Inc., being duly sworn upon oath, says that and correct.	Representative for The Methodist Hospitals, the facts stated in the foregoing are true     John December 1
Subscribed and sworn to before me, a No. 2013.	Sung Me Store day of
My Commission Expires:  A I	Notary Public Resident of <i>hall</i> County
YY Cach an 2019	
I affirm, under the penalties for perjury, each social security number in this deciment,	that I have taken reasonable care to redact, unless required by law.
This Instrument Prepared By:	es, Attorney at Law
AMOUNT \$ // 8700 Broadway CASH CHECK # // 42/	y, Merrillville, IN 46410
OVERAGE	Official Seal LISA M. STONE Resident of Lake County. IN My commission expires March 24, 2019