## 2014 008346

2014 FEB 12 PM 1: 30

MICHAEL B. BROWN RECORDER

Acct#100666949

Errick Banks

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

Patient:	Errick Banks	Attorney:	
	5522 W 9th Avenu	ie	_
	Gary, IN 46406		<del>-</del>
Recorder of	f Lake County, India	ana Indiana Department of Insur	ance
	Government Center	311 W. Washington Street	
2293 North	Main Street	Suite 300	
Crcwn Point	, Indiana 46307	Indianapolis, Indiana 46204	
IN 46402,	intends to hold a	that THE METHODIST HOSPITALS, INC., 600 Grand Hospital Lien for all reasonable and necessa aintenance of the above listed patient as follow	ary charges for
1.		dmitted to the hospital on November 17 , 201	3
and was dis		ospital on November 22 , 2013 .	
	talization is Twen	r h <mark>ospital care, treatment or maintenance duri: ity thousand fifty one dollars &amp; 75/100</mark>	ng tne
(\$		) Dollars. This amount is subject to red	uction for any
or medical	which the patient insurance, and cre	is entitled under the terms of any contract edits for all payments, contractual adjustment	, health plan,
3.	ner benefit. To the bes <mark>t of the</mark>	e Hospital's knowledge, the patient or the pati	ient's
legal repr	esentative claims t	that the following named individuals and/o	r entities are
liable for stay:	damages arising f	rom the patient's illness or injury causin	g the hospital
This	Lien is being filed	d pursuant to the Hospital Lien Law, I.C. Sect	tion 32-33-4 in
the Office	of the Recorder of	the County in which the Hospital is located,	, within ninety
(90) days at	fter the patient wa	s discharged from the Hospital. The undersign	gned individual
executing	this instrument, h	aving been duly sworn upon oath, under the	e penalties of
		the Hospital intends to hold the Hospital Lie matters set forth in the foregoing statemen	
correct.	chat the faces and	macters set forch in the foregoing statement	t are true and
		THE METHODIST HOSPITALS, INC.	
		(1) BY: 1 lan ay towns	
STATE OF IN	עמעברונ.	NANCY FARRIES	
	) ss:		
COUNTY OF I	•		
<b>-</b>			
	NANCY FARRIES	, being a <u>Patient Represent</u>	
foregoing a	are true and correct	ing duly sworn upon oath, says that the facts	; stated in the
		(2) Y Con cy touris	<del></del>
Subsc	cribed and sworn to	before me, a Notary Public, this $2/57$ day	of
<u>-ganaa</u>	J., 2014.	King M Stan	
Mv Commissi	on Expires:	Notary Pi	ublic
0 -	_		unty
11 ance	124,2019		
I affirm, each social	under the penalties security number in	s for perjury, that I have taken reasonable this domain, unless required by law.	care to redact
		5	
AMOUNT \$_	ment Prepared By:	Farlo F Hitas Attornov at Inv	
CASH	_CHARGE	Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410	
CHECK#_	194370	0.00 bloadway, mollitivilie, in 40410	
OVERAGE_		ova. Official Seal	general Mesona de la competit de la
COPY		LISA M. STONE	ž.
NON-COM_		(SEAL) Resident of Lake	∂ County. IN   •xorres
CLERK	<u> </u>	March 24, 2019	