2014 008891

2014 FEB 14 PM 1: 13

MICHAEL B. BROWN RECORDER

Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019

(seal)

201228132

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

TO:	LUCAS, GAI					
Patient:	LUCAS, GAF		Attorney:			
		N AVE APT 2				
	WHITING, 1	IN 46394				
Lake County 2293 North	Lake County Government Main Street , Indiana 46	Center	311 W Suite	na Department of Washington State 300 anapolis, Indiana	reet	
IN 4040Z, 1	micenas to L	ioid a Hospital	Lien for all	PITALS, INC., 60 reasonable and listed patient a	nogoggamii aha	t, Gary, rges for
above hospito (\$\frac{2}{to which the content of the content	charged from The amount talization i 853.25 e patient is	the hospital odue for hospital os	n January 25 l care, treatme eight hundred This amount is the terms of	nt or maintenand fifty three and subject to reduce	ce during the 25/100 stion for any	madiaal
other benef:	it.	ior all payme	ents, contractu	abradjustments,	write-offs,	and any
3. legal repre liable for stay:	sentative c	laims that the	following name	the patient or t ed individuals ness or injury	and/or ontit	ies are hospital
che Office ((90)days aft executing t perjury, her	of the Recor ter the pati his instrum reby states	ent was discharent, having be that the Hospi	nty in which the ged from the Hendeller and the	tal Lien Law, I. e Hospital is l ospital. The u upon oath, und hold the Hospit the foregoing st ST HOSPITALS, IN	ocated, within ndersigned in der the penal al Lien as d atement are t	n ninety dividual ties of
STATE OF INC)) ss:		nda Simpson	pron	
COUNTY OF LA	AKE)				
$egin{array}{c} & & & & & & & & & & & & & & & & & & &$	duly sworn	pson , being a upon oath, say	s that the fac	entative for The ts stated in the and a	Methodist Hose foregoing a	spitals, ire true
Februar	tibed and swo \mathcal{U} , 2014.	orn to before me	e, a Notany Publ	ic, this 6"	day of	
My Commissio	on Expires:		•		tary Public	
march	24,2019		A Resident o	of Mall	County	
affirm, uneach social	nder the per security num	nalties for per mber in this d	jury, that I h rument, unless r	ave taken reaso required by law.	nable care to	redact
This Instrum	ent Preparec				· · · · · · · · · · · · · · · · · · ·	
AMOU	NTO 11		. Hites, Attorn oadway, Merrill	ey at Law ville, IN 46410		

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AMOUNT \$ CASH_____CHECK#.

OVERAGE

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