## 2014 008905

2014 FEB 14 PM 1: 14

MICHAEL B. BROWN RECORDER

# 201229995

Return To:

Hodges & Davis, P.C.

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

TO:	ROBAK, EDWARD	TO THE HOLD HOSPITAL LIEN	
Patient:	ROBAK, EDWARD	Attorney:	
	1718 W 96TH AVE		
	CROWN POINT, IN 46307		
Lake County 2293 North 1	Lake County, Indiana Government Center Main Street , Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204	
	ce, treatment or maintena	THE METHODIST HOSPITALS, INC., 600 Grant Street al Lien for all reasonable and necessary charance of the above listed patient as follows:	, Gary, ges for
above hospit	The amount due for hospital alization is Six hundre	to the hospital on January 27 , 2014 on January 27 , 2014 .  tal care, treatment or maintenance during the ed thirty four and 50/100	
to which the insurance, other benefi	pollars. e patient is entitled under and credits for all pay t.	This amount is subject to reduction for any boder the terms of any contract, health plan, or my ments, contractual adjustments, write-offs, a	
	octional contractions and the	tal's knowledge, the patient or the patient's he following named individuals and/or entitie patient's illness or injury causing the ho	es are. ospital
(90)days aft executing the perjury, her	er the patient was dischais instrument, having eby states that the Hospital	cant to the Hospital Lien Law, I.C. Section 32-3 ounty in which the Hospital is located, within harged from the Hospital. The undersigned individuely sworn upon oath, under the penalt pital intends to hold the Hospital Lien as design set forth in the foregoing statement are transfer of the METHODIST HOSPITALS, INC.	ninety ividual ies of
STATE OF IND	IANA )	(1) BY: <u>Molanda R. Simpson</u> yolanda R. Simpson	
COUNTY OF LAI	KE )		
I Yold Inc., being and correct.	dury sworn upon oath, s	Patient Representative for The Methodist Hosp ays that the facts stated in the foregoing are (2)    Olanda R Simpson   The Methodist Hosp are (2)	oitals, e true
Fibraguy	bed and sworn to before, 2014.	me, a Notary Public, this day of	
My Commission	Expires:	Notary Public	
	24,2019	A Resident of Supplementary Public County	
I affirm, une	der the penalties for penetric decurity number in this d	erjury, that I have taken reasonable care to :	redact
This Instrume	nt Prepared By:	F. Hites. Attorney at Law	

8700 Broadway, Merrillville, IN 46410

CHECK #L CCPY.

E

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

(BRY POR

(seal)

NON-COM. CLERK\_