STATE OF INDIAGA LAKE COUNTY FILED FOR RECORD

2014 009259

2014 FEB 18 PM 1: 17

MICHAEL B. BROWN RECORDER

Acct#201188735

TO:

Chrystal Erdelles

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

Patient:	Chrystal Ero	delles	Attori	ney:			
-	425 E 500 S				_ <u></u>		
•	Kouts, IN 4	6347				 ,	
Lake County 2293 North I Crown Point	, Indiana 4630	enter)7	. 1	311 W. Wash Suite 300 Indianapoli	oartment of nington Str is, Indiana	eet 46204	
TN 46402 3	ntends to hore, treatment	ified that THE M ld a Hospital L or maintenance	ien for of the a	bove listed	d patient a	s follows:	:, Gary, ges for
2. above hospi (\$ 5' to which th insurance, other benef 3.	The amount of talization is 93.00 e patient is and credits it. To the best	was admitted to the hospital on the for hospital five hundred n) Dollars. This entitled under the for all payment of the Hospital' aims that the fing from the	December care, trainety the samount the term ts, contact sknowledge following the care of	eatment or ree dollars is subject sof any corractual addge, the paramed in maned	maintenances & 00/100 to reduce to reduce the distance, he distance to retain the distance to reduce the distance the	e during the tion for any lalth plan, or write-offs, he patient's and/or entit	and any
This the Office (90)days af executing	Lien is being of the Record ther the patienthis instruments	filed pursuant der of the Countent was dischargent, having been that the Hospita s and matters s	to the cy in who ded from the duly all intensect forth	Hospital Lich the Hospit the Hospit sworn upon ds to hold in the f	ien Law, I. spital is l al. The u oath, und	C. Section 32 ocated, withindersigned in the penaltal Lien as datement are	-33-4 in n ninety dividual ties of escribed
		(1)	BY:	lan and	Hann EY FARRIES	Ś	
STATE OF IN)) ss:)					
I Methodist : foregoing a	NANCY FARRI Hospitals, Ind are true and d	c., being duly s	sworn upo	being a lon oath, sa on out	Patient Re ays that the CY FARRIES	presentative ne facts state	for The d in the
<u>februa</u>	cribed and swo	orn to before me	, a Nota	ry Public, Swa Wi	25/01/2	day of otary Public	
mance	721,2019			ident of(/Xahe!	County	,
I affirm, each socia	under the pe l security nu	nalties for per mber in this dec	jury, th ument, u	at I have nless requi	taken reas ired by law	onable care t	o redact
This Instr AMOUN CASH— CHECK OVERA COPY_ NON-C	CHARGE #/9455 ge	Earle F	r. Hites,	Attorney a	le, IN 4641	icial Seal A.M. STONE ident of Lake Counts commission expires ch 24, 2016	A Commission of the Commission