STATE OF INDIA - \
LAKE COUNTY
FILED FOR RECORD

009266

2014 FEB 18 PM 1: 17

MICHAEL B. BROWN RECORDER

100709166

Patient:

TO:

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

ro: Patient:	POMPY, TARIK POMPY, TARIK 234 RUTLEDGE ST	Attorney:		
	GARY, IN 46404			
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W. Wa Suite 300	epartment of Insurance shington Street lis, Indiana 46204	
	the hold of Hoc	at THE METHODIST HOSPITAL pital Lien for all reason tenance of the above list	LS, INC., 600 Grant Street, Ga onable and necessary charges ed patient as follows:	ary, for
2. above hospi (\$ 9, to which the insurance, other benefined.)	The amount due for he talization is Nine the 579.25) Dollar e patient is entitled and credits for all iit. To the best of the Ho	nousand five hundred sevents. This amount is subjunder the terms of any payments, contractual acceptal's knowledge, the	or maintenance during the	any
liable for stay:	damages arising from	, the patient b 11211051		
the Office (90)days at executing	of the Recorder of the fter the patient was of this instrument, haviereby states that the that the facts and materials and materials are the facts are the f	discharged from the Hosping been duly sworn upon Hospital intends to holatters set forth in the THE METHODIST F	Lien Law, I.C. Section 32-33-cospital is located, within niital. The undersigned indivision oath, under the penalties of the Hospital Lien as described to statement are true HOSPITALS, INC.	dual s of
COUNTY OF				
IInc., bein and correc	ıg duly sworn upon oat	th, says that the facts (2) Rolanda	stated in the foregoing are da R Simpson	true
My Commiss	ion Expires:	efore me, a Notary Public Swin Meg A Resident of	Stone Notary Public	
Myanc	1124,2019			
T affirm	under the penalties	for perjury, that I have this document, unless req	e taken reasonable care to required by law.	edact
This Instr	rument Prepared By:	Earle F. Hites Attorney	v at Law	
AMOUNT CASH CHECK # OVERAG COPY_	19455	8700 Broadway, Merrillvi	Official Seal LISA M. STONE Resident of Lake County. IN My commission expires March 24, 2019	