STATE OF INDIA...
LAKE COUNTY
FILED FOR RECORD

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MICHAEL B. BROWN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: JOSE L. RIVERA Patient: JOSE L. RIVERA	Attorney:
6682 MADISON	
MERRILLVILLE, IN 46410	
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
IN 46402, intends to hold a Hospital	METHODIST HOSPITALS, INC., 600 Grant Street, Gary, Lien for all reasonable and necessary charges for of the above listed patient as follows:
and was discharged from the hospital on 2. The amount due for hospital above hospitalization is One Thousand, (\$ 1,557.25) Dollars The to which the patient is entitled under	care, treatment or maintenance during the
other benefit. 3. To the best of the Hospital' legal representative claims that the	's knowledge, the patient or the patient's following named individuals and/or entities are patient's illness or injury causing the hospital
the Office of the Recorder of the Count (90) days after the patient was discharg executing this instrument, having been perjury, hereby states that the Hospita	to the Hospital Lien Law, I.C. Section 32-33-4 in by in which the Hospital is located, within ninety ged from the Hospital. The undersigned individual in duly sworn upon oath, under the penalties of all intends to hold the Hospital Lien as described set forth in the foregoing statement are true and THE METHODIST HOSPITALS, INC.
STATE OF INDIANA)) ss:	Sandra Allen
COUNTY OF LAKE)	
I Sandra Allen , being Hospitals, Inc., being duly sworn upon are true and correct.	g a <u>Patient Representative</u> for The Methodist oath, says that the facts stated in the foregoing Sandra Allen
Subscribed and sworn to before me,	a Notary Public, this 3 ^N day of
My Commission Expires:	A Resident of Sale County
March 24	A Resident of // County
I affirm, under the penalties for perjueach social security number in this definition	ury, that I have taken reasonable care to redact ment, unless required by law.
This Instrument Prepared By:	Hites, Attorney at Law
	adway, Merrillville, IN 46410 Official Seal LISA M. STONE
COPY NON-COM CLERK	Resident of Lake County, IN My commission expires March 24, 2019