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TO: Annette Nelson

MICHAEL L. SMOWN RECORDER

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

Patient:	Annette Nelson	Attorney:	
	329 Pierce St		
	Gary, IN 46402		
Lake County	Lake County, Indian Government Center	311 W.	Department of Insurance Washington Street
	Main Street , Indiana 46307	Suite 3 Indiana	polis, Indiana 46204
CLOWIT LOTHE	, Indiana 40507	Indiana	ports, indiana 40204
IN 46402, shospital ca	intends to hold a Hore, treatment or mai The patient was admicharged from the home	pospital Lien for all rentenance of the above lies to the nospital of the march 0407	A T 2014 .
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is reject Hundred Ninety-Six and 50/100  (\$ 896.50   Dollars. This amount is subject to reduction for any benefits			
(\$ 8	96.50	ars. This amount is su	eject to reduction for any benefits
to which th	e patient is entitle and credits for al it.	e trake Gounnys Recon	e patient or the patient's
legal repre	esentative claims th	nat the following named	individuals and/or entities are ess or injury causing the hospital
This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which the Hospital is located, within ninety (90) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been tilly sworn upon oath, under the penalties of perjury, hereby states that the Hospital Intenss to hold the Hospital Lien as described above and that the facts and matters set forth to the foregoing statement are true and correct.			
		THE METHODIST	MOSPITALS, INC.
STATE OF IN			Angia Djukion
COUNTY OF L	AKE )		
Methodist H	Angie Djukich ospitals, Inc., beir re true and correct.	ng duly sworn upon oath,	Patient Representative for The says that the facts stated in the
Subec	ribed and evern to b	efore me, a Notary Publi	Angie Djykich
Mouch		erore me, a wordry rubir	c, this _s q · day of
Mr. Complex		- Minor	Notary Dublic
My Commissi		A Resident of	Notary Public Lake County
-Much a	24,2019		
		for perjury, that I had this document, unless re	ve taken reasonable care to redact equired by law.
This Instru	ment Prepared By:	Farla F. Witne Attorne	w. at Taw
AMOUN	T\$	Earle F. Hites, Attorne 8700 Broadway, Merrillv	
CASH— CHECK OVERA COPY— NON-O CLERK	#		Official Seal LISA M. STONE Resident of Lake Control IN My commission expires March 24, 2019