STATE OF INDIA: LAKE COUNTY FILED FOR RECORD

## 2014 047267

2014 AUG -6 PM 1: 16

MICHAEL B. BROWN RECORDER

100799501

TO:

Return To:

Leon Grimes

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

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

Patient:	Leon Grimes	Attorney:	
	376 Jefferson St	<del></del>	
	Gary, IN 46402		
	Lake County, Indiana		a Department of Insurance
_	Government Center		Washington Street
	Main Street	Suite 3	
Crown Point	, Indiana 46307	Indiana	apolis, Indiana 46204
IN 46402,	intends to hold a Ho	spital Lien for all re	TALS, INC., 600 Grant Street, Gary, asonable and necessary charges for sted patient as follows:
1. and was dis	charged from the hosp	tted to the hospital or ital on <u>June 21</u> ,	2014
	talization is Fiftee	n Thousand Seventy-Thre	
benefits to or medical	which the patient i	s entitled under the t	erms of any contract, health plan, ontractual adjustments, write-offs,
3.	To the best of the H	ospital's knowledge, th	ne patient or the patient's
<pre>legal repre liable for stay:</pre>	esentative claims that damages arising from	at the following named m the patient's illne	individuals and/or entities are ess or injury causing the hospital
the Office (90) days af executing t perjury, he	of the Recorder of t ter the patient was this instrument, hav reby states that the	he County in which the discharged from the Hosing been duly sworn under to heatters set forth in the	Hospital is located, within ninety spital. The undersigned individual apon oath, under the penalties of old the Hospital Lien as described to foregoing statement are true and HOSPITALS, INC.
		WOIANA WILL	A A A A A A A A A A A A A A A A A A A
	D.T.D.V.D.	(1) BY: $\bigcup$	ngul Afrik UN
STATE OF IN	,		Angle Dynkich
COUNTY OF L	) SS:		
COOMIT OF E	AIL ,		
Methodist H	gie Djukich ospitals, Inc., being re true and correct.	, being a duly sworn upon oath,	Patient Representative for The says that the facts stated in the
			Angie Njukich
Subsc:	ribed and sworn to be, 2014.	fore me, a Notary Publi	<u> </u>
		Dung 1	n. stone
My Commission	-	A Resident of	Notary Public Lake County
YMarch	24,2019		
I affirm, u each social	nder the penalties f security number in t	or perjury, that I have his document, unless re	re taken reasonable care to redact quired by law.
This Instru	ment Prepared By:		
		Earle F. Hites, Attorne 8700 Broadway, Merrillv	
	. 1/-	o, oo broadway, Merritto	TTTC, IN 40410
AMOUNT	CHARGE		The state of the s
CASH	19775		Official Seal
OMEDAC!			SEAL) Resident of Lake Colony and
OVERAGE COPY	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		My commission expires (
UU! 1			March 24, 2019