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MICHAEL S. BROWN RECORDER

Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Marrinita J Howard Marrinita J Howard 5304 W 3rd Pl Gary, IN 46406	Attorney:	1870-1870	
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W Suite	na Department of I . Washington Stree 300 napolis, Indiana 4	t
IN 46402,	are hereby notified that intends to hold a Hosp are, treatment or mainte	ital Lien for all	reasonable and ned	cessary charges for
above hospi (\$ 1, to which the insurance, other benefit 3.	and credits for all fit. To the best of the Hos	spital care, treatments and Four Hundred Four Hundred Four Hundred Four Hundred Four the terms of a payments, contracture spital's knowledge,	nt or maintenance our subject to reduction out any contract, heal al adjustments, when the patient or the	on for any benefits th plan, or medical write-offs, and any patient's
<pre>legal repre liable for stay:</pre>	esentative claims that damages arising from	the following name the patient's ill	ness or injury ca	and/or entitles are ausing the hospital
the Office (90)days af executing perjury, he	Lien is being filed pur of the Recorder of the Eter the patient was di this instrument, having ereby states that the E that the facts and mat	County in which the scharged from the Fig been duly sworn Hospital intends to	he Hospital is loc Hospital. The und upon oath, under hold the Hospital	eated, within ninety dersigned individual r the penalties of l Lien as described
STATE OF IN	NDIANA)	(1) BY;	ST HOSPITALS, INC. Angie Djukich	if ich
COUNTY OF I	,			
Methodist F	ngie Djukich Hospitals, Inc., being are true and correct.	, being duly sworn upon oat	a Patient Representation a Patient Representation and Applie Division Applies Division and Patient Representation and Patient Rep	esentative for The facts stated in the
Myur	ribed and sworn to before, 2014.		os M. Stone	day of ary Public
My Commissi Mach a	ion Expires:	A Resident	of Lake	_
I affirm,	under the penalties fo l security number in th	r perjury, that I	have taken reasona required by law.	able care to redact
This Instru AMOUN CASH CHECK OVERAGE COPY_ NON-C	T\$	arle F. Hites, Attor 700 Broadway, Merril	Official SEAL Resider My con	al Seal . STONE nt of Lake County, IN nmission expires 24, 2019