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MICHAEL B. BRUWN RECORDER

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CLERK_

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

TO:	Quincy Robinson			
Patient:	Quincy Robinson	Attorney:		
	4199 W 23rd Ave			
	Gary, IN 46406			
Recorder of	Lake County, Indiana	Indiana F	epartment of Insurance	
Lake County 2293 North	Government Center	311 W. Wa	shington Street	
Crown Point	Main Street , Indiana 46307	Suite 300		
			lis, Indiana 46204	
	re, treatment or mainten	ance of the above list		Gary, es for
1. and was disc	The patient was admitted than the patient was admitted than the hospital the amount due for him		2014	
above hospit	calization is Twenty On	e Thousand Nine Hundro	maintenance during the	
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or medical	insurance, and credits	the dtischet per dec	is subject to reduction for the state of the	plan,
and any othe	er benefit. the L	ake County Record	er adjustments, write-	-offs,
liable for	CTATILE THE	TO LOWING NAMED	individuals and/or entitie or injury causing the hos	s are
stay:	3 22011 6.	pacient's Timess	or injury causing the hos	spital
This I	den is being filed pure	uant to the Marris A		
			ien Law, I.C. Section 32-33 spital is located, within n	
above and the	nat the facts and matte	rs set forth in the f	the Hospital Lien as descoregoing statement are true	ribed
correct.				e and
		THE METHODIST AC	SPITALS, INC.	
CMAME OF THE		(1) BY:	nail Alipich	
STATE OF IND	IANA)	An WOLANA STILLE AN	git Djukith	
COUNTY OF LA			7	
T Angi	o Diulii ak	/		
Methodist Ho	e Djukich spitals, Inc., being du	, being a E	Patient Representative for ys that the facts stated in	The
foregoing are	e true and correct.	sa sworm apon oath, sa	ys that the facts stated in	n the
		(2) \mathcal{L}_{n}	ge Hurch	
/ Sybscr	ibed and sworn to before	Me. a Notary Public	le Djuklich	
UCCOPY	, 2014.	O A a	this day of	
My Commission) Fyniree	- William (
n / 0	12 - A-	A Resident of	Notary Public Lake County	
11/11/1/ X	2,000		Lake County	
I affirm, un	der the penalties for p	perjury, that I have t	aken reasonable care to re	od::at
each social s	security number in this	document, unless requir	red by law.	dact
	ent Prepared By:			
		F. Hites, Actorney at	Law	
DEBRA	A ROSE 8700	Broadway, Merrillville	e, IN 46410	
	ublic - Seal		• •	
Lake	f Indiana County		AMOUNT \$//	-
My Commission E	xpires Apr 23, 2022		CASHCHARGE_	7
	,		CHECK# <i>19937</i> OVERAGE	-
			COPY	
			NONLOOM	