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O Te BK state in an ancientation of the section of

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: Patient:	Lisa Ruffin Lisa Ruffin		
	415 Clark Rd #305	Attorney:	
	Gary, IN 46406	·	
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307		311 W. Suite 3	
			apolis, Indiana 46204
You a IN 46402, hospital ca	are, treatment or mainten	ance of the above li	
1.	The patient was admitte	d to the hospital on	October 31 , 2014
~ •	penarged from the nospital	$\frac{1}{1}$ on C October 31	S 2014 .
to which the insurance, other benef	ne patient is entitled un and credits for all patient.	This amount is subder the terms of any yments, contractual	<pre>bject to reduction for any benefits y contract, health plan, or medical adjustments, write-offs, and any</pre>
3. legal repre liable for stay:	To the best of the Hosp esentative claims that t	ital's knowledge, the	e patient or the patient's individuals and/or entities are so or injury causing the hospital
(90)days af executing to perjury, he	ter the patient was disc this instrument, having reby states that the Hos	charged from the Hosp been duly sworn up	Lien Law, I.C. Section 32-33-4 in Hospital is located, within ninety pital. The undersigned individual con oath, under the penalties of old the Hospital Lien as described foregoing statement are true and
		THE METHODIST	HOSPITALS, INC.
		(1) By:	1 said No. Olahas
STATE OF IND	DIANA)	OF ALLES	Apple Diskich
COLLINEAR OF T) ss:	WOIANA LILLE	THE BUNKLESS
COUNTY OF LA	AKE)	The state of the s	
Methodist Ho	ngie Djukich Ospitals, Inc., being dul Se true and correct.	, being a y sworn upon oath,	Patient Representative for The says that the facts stated in the
roregoring an	e crac and correct.	(2)	aud Adiorah
0-1			Angie Djukich
Decom Di	ribed and sworn to before 177, 2014.	me, a Notary Public	, this $\frac{\sqrt{3}}{2}$ day of
		- Sugar M	stone
My Commissio	~		Notary Public
Il anch	24,2019	A Resident of _	Lake County
I affirm, ur		erjury, that I have	taken reasonable care to redact
	ent Prepared By:		and any tame
		F. Hites, Attorney	at Law
	8700	Broadway, Merrillvil	le, IN 46410
AMOUNT			
CASH CHECK#.	SANDE STATE		Official Seal
OVERAGE COPY			LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019