STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 023303

2015 APR 17 PM 1: 11

MICHAEL B. BROWN RECORDER

100967727

238661

TO:

Return To:

James A England

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient: James A	England	Attorney:		
	ricia Ln #N301			
Hammond,	IN 46323			
Recorder of Lake Count Lake County Governmen	t Center	311 W. Washir	rtment of Insuranc ngton Street	e
2293 North Main Stree		Suite 300	, Indiana 46204	
Crown Point, Indiana	40307	Indianapoiis	, Indiana 40204	
IN 46402, intends to hospital care, treatm	notified that THE MET hold a Hospital Lie ent or maintenance of	n for all reasonal the above listed p	ole and necessary patient as follows	charges for
	ent was admitted to the			
2. The amoun	t due for hospital ca	re, treatment or ma	aintenance during	the
(\$ 6,639.50) Dollars. This	amount is subject	to reduction for	
insurance, and credi other benefit.	is entitled under the ts for all payments	, contractual adju	ustments, write-of	fs, and any
legal representative	est of the Hospital's claims that the fol arising from the pa	llowing named inc	dividuals and/or e	entities are
the Office of the Re-	eing filed pursuant to corder of the County atient was discharged	in which the Hospi	<mark>ltal is located, w</mark>	ithin ninety
executing this insta	rument, having been	duly sworn upon o	oath, under the p	penalties of
above and that the f correct.	es that the Hospital Eacts and matters set	forth in the fore	egoing statement a	are true and
,		THE METHODIST HOSP		
STATE OF INDIANA) (1)	BY: Angle	Djuktch	
COUNTY OF LAKE) ss:			
I Angie Djuki	.ch	, being a <u>Pat</u>	ient Representati	ive for The
	Inc., being duly swo	rn upon oath says	that the facts s	tated in the
foregoing are true ar	d correct. (2)	Unqu	e Hick wh	<u>) · </u>
Subscribed and	sworn to before me, a	- <i>y-p</i>	is day of	: :
<i>HDY</i> // 2015.		MARCA	(IM)	
My Commission Expires	i:	A Resident of	Notary Publ Lake C	ic County
MDV11 23, W	<u>)</u>			ें का का
I affirm, under the each social security	penalties for perjurnumber in this accume	y, that I have talent, unless require	ken reasonable car d by law.	re to redact
This Instrument Prepa		lites, Attorney at	Law	
DEBRA A ROSE Notary Public - Seal State of Indiana	N N	lway, Merrillville,		
Lake County My Commission Expires Apr 2	3, 2022 AMOUNT \$	11-		•
WIY GOTHLISSION EXPLICA	CASH CHECK#_	CHARGE		
	OVERAGE	E		
	COPY NON-CON	1 0		
	14014 001			

CLERK__