STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 024569

2015 APR 23 PM 2: 12

201754103

This in '

MICHAEL B. BROWL RECORDER

AMOUNT \$ CASH____ CHECK#. **OVERAGE** COPY_ NON-COM CLERK_

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

<u> </u>		<u> </u>	O MOLD HODITIAL	<u>uten</u>
TO:	Annie M Howard		,	
		torney:		
	840 W 52nd Dr #K263	—		
	Merrillville, IN 46410			
	Merrinville, IN 46410			
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W. Wa Suite 300	Department of Insura ashington Street O olis, Indiana 46204	nce
IN 46402, in hospital call and was discussed above hospital (\$\frac{1}{1}\$, to which the insurance, other benefits \$\frac{3}{1}\$, legal representations.	The patient was admitted to the charged from the hospital on Ma. The amount due for hospital care talization is One Thousand One Hospital on Dollars. This amount due for all payments, one to the charged from the hospital care talization is one Thousand One Hospital care talization is one Thousand One Hospital on the capatient is entitled under the tand credits for all payments, one to the best of the Hospital's knows essentative claims that the following damages arising from the patients.	for all rease the above list subject the above list	March 22 , 2015 2015 or maintenance durin One ject to reduction fo contract, health pl adjustments, write- patient or the pati individuals and/or	g the r any benefits an, or medical offs, and any ent's entities are
stay:	damages arising from the patie	ent's llines	s or injury causing	the nospital
the Office (90)days af executing to perjury, he	(1) BY	which the Hopp y sworn uportends to holorth in the	Jospital is located, sital. The undersign on oath, under the ld the Hospital Lier foregoing statement HOSPITALS, INC.	within ninety ned individual penalties of n as described
STATE OF IN) ss:	AI AI	ngie Djukich	,
COUNTY OF L			_/	
Methodist H foregoing a	-	upon oath,	ngié Huk la ngié Djukid , this Hay day o Notary Pu	stated in the b
HDM	23,2020			
	under the penalties for perjury, security number in this document,			care to redact
This Instru	ment Prepared By:	Attorney	at Taw	
DEBRA A ROSE 8700 Broadway, Merrillville, IN 46410				

238762

DEBRA A ROSE

Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Apr 23, 2022