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STATE OF INDIANA
LAKE COUNTY
AILED FOR RECORD

2015 MAY/15 AH 8: 57

## Return To: Hodges & PARTALEIPECBROWN 8700 BroadwayRECORDERIVILLE, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	David Brantley	The AND TO COMMITTEE TO COMMITT	
Patient:	David Brantley	Attorney:	
	1526 McKinley St		
	Gary, IN 46404		
Lake County 2293 North	Lake County, India Government Center Main Street Indiana 46307		ce
IN 46402,	intends to hold a	that THE METHODIST HOSPITALS, INC., 600 Grant & Hospital Lien for all reasonable and necessary aintenance of the above listed patient as follows	charges for
2. above hospi (\$ 5, to which the insurance, other benefits.)	scharged from the hormonic transfer is sensitive to the amount due for the sensitive transfer is sensitive to the best of the	dmitted to the hospital on March 08 , 2015 ospital on March 08 , 2015 . r hospital care, treatment or maintenance during e Thousand Three Hundred Eighty-One and 25/100 ollars. This amount is subject to reduction for eled under the terms of any contract, health plantall payments, contractual adjustments, write-one Hospital's knowledge, the patient or the patient that the following named individuals and/or	any benefits n, or medical ffs, and any
		From the patient's illness or injury causing	
the Office (90)days at executing perjury, he	of the Recorder of fter the patient wa this instrument, h ereby states that	the definition of the Hospital Lien Law, I.C. Sections of the County in which the Hospital is located, was discharged from the Hospital. The undersigned having been duly sworn upon oath, under the the Hospital intends to hold the Hospital Lien is matters set forth in the foregoing statement THE METHODIST HOSPITALS, INC.	within ninety ed individual penalties of as described
		(1) BY: Maje By UR CO	h
STATE OF IN	IDIANA )	Angie Ajukich/	
COUNTY OF T	) ss:	O 3	
COUNTY OF I	JAKE )		
Methodist H	Angie Djukich Hospitals, Inc., be are true and correc	, being a <u>Patient Representated</u> eing duly sworn upon oath, says that the facts state.  (2)  Angle Djukkch	
Agr Substa	cribed and sworn to, 2015.	before me, a Notary Public, this day of	·
My Commissi	ion Expires:	Notary Pub A Resident of Lake	lic County
		s for perjury, that I have taken reasonable can this document, unless required by law.	re to redact
	RA A ROSE	sip of Filmarch, specimely at the Third State of the Stat	and go and as
Notary Stat	y Public - Seal e of Indiana ke County	16	
	n Expires Apr 23, 2022	AMOUNT \$CHARGECHECK #COSTCOPY	
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