2015 070721

STATE OF INDIANA LAKE COUNTY FILED FOR PECORU

2015 OCT 16 PM 1: 03

MICHAEL B. BROWN RECORDER

101063653

TO:

Patient:

Return To:

Sheldon Thompson
Sheldon Thompson

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

12/6 w 1/th Ave Gary, IN 46407	-
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
IN 46402, intends to hold a Hosp	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, ital Lien for all reasonable and necessary charges for nance of the above listed patient as follows:
and was discharged from the hospit	
to which the patient is entitled to which the patient is entitled to insurance, and credits for the cother benefit. 3. To the best of the Ros legal representative claims that liable for damages arising from	care, treatment or maintenance during the usand Three Hundred Eighty-Six cuthis enauth is subject to feduction for any benefits under the terms of any contract, health plan, or medical capte. Gounty Records terments, write-offs, and any pital's knowledge, the patient or the patient's the following named individuals and/or entities are patient's illness or injury causing the hospital
This Lien is being filed pur the Office of the Recorder of the (90)days after the patient was dis executing this instrument, having perjury, hereby states that the H	suant to the Hospital Lien Law, I.C. Section 32-33-4 in County in which the Hospital is located, within ninety scharged from the Hospital. The undersigned individual peen duly sworn upon oath, under the penalties of ospital intends to hold the Hospital Lien as described sers set forth in the foregoing statement are true and
STATE OF INDIANA)) ss: COUNTY OF LAKE)	(1) Aveal Mojard Africa (1) Angje Djukich
foregoing are true and correct. Subscribed and sworn to before	, being a <u>Patient Representative</u> for The Ruly sworn upon oath, says that the facts stated in the Ruly sworn upon oath, says the Ruly sworn u
<u>·), H(11/1267</u> , 2015. My Commission Expires:	Notary Public
1.77.10 24, 2019	A Resident of Lake County
I affirm, under the penalties for each social security number in this	perjury, that I have taken reasonable care to redact s document, unless required by law.
11-	cle F. Hites, Attorney at Law 00 Broadway, Merrillville, TN 46410
20576 E	Official Seal LISA M. STONE Residem of Lake discours the My commission expines My commission expines March 24, 2019