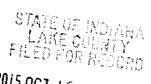
## 2015 070722



2015 OCT 16 PM 1: 03

MICHAEL B. BROWN RECORDER

101058134

TO:

Return To:

Tiara M Creal

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Tiara M C	real	Attorney	y:		
	2425 Arthi	ur St #206	_			
	Gary, IN	46404	<del>-</del> -			
Lake County 2293 North	f Lake County y Government Main Street t, Indiana 40	Center	31: Su:	1 W. Washingt ite 300	ment of Insura con Street Indiana 46204	nce
IN 46402,	intends to l	hold a Hos <sub>l</sub>	at THE METHODIST E pital Lien for al enance of the above	l reasonable	e and necessar	y charges for
2. above hospi	The amount talization i	n the bospi due foi ho is <u>Sevente</u>	tal on <u>September</u> Spital Care, treaten Thousand Four	r 11 <u>, 2015</u> Thent or main Jundred Ninet	per 10 , 201 because during	g the
or medical and any oth 3. legal repre	insurance, her benefit. To the best esentative	and cr <b>edic</b> of the Ho claims that	Dollarent is the centitled under the Lake Lountyn R	<b>seconder</b> tu the patien named indiv	al adjustments it or the pati- iduals and/or	ent's entities are
liable for stay:	damages ar	ising from	the patient's :	illness or i	njury causing	the hospital
the Office (90)days as executing perjury, he	of the Reco Ster the pat this instrur ereby states	rder of the ient was dinent, having that the	rsuant to the Hose County in which ischarged from the ong been duly swo Hospital Intends ters set forth a	the Hospital.  The Hospital.  The upon cation to hold the the forego	I is located, The undersign h, under the Hospital Lien sing statement	within nincty ned individual penalties of as described
			(1) BYEAL	odist hospita	DIL WN	
STATE OF IN		) ) ss:	W. WOJANA	Anglie D	)julich	
Methodist H	angie Djukic Kospitals, I: re true and	nc., being	, bei duly sworn upon c	path, says the	at the facts	tive for The stated in the
Subsc );;)H(://	ribed and sw <u>// /</u> , 2015.	worn to bef	ore me, a Notary F	Public, this	Dinkichu day o:	
-	on Expires:		A Resider	x: 1111 Sfc nt of Lak	Notary Puk	olic County
I affirm, weach social	under the pe security nu	enalties fo umber in th	r perjury, that I	I have taken ss required b	reasonable c	are to redact
This Instru	ment Prepare	ed By:	4			
	//-	8. E	arle F. Hites, Att 700 Broadway, Merr			
	11- 20576	E		SEAL F	Official Seal JISA M. STONE Besident of Lake Liber My commission exhibit March 24, 2019	V 141
	WM			Security of the second section of the section of the second section of the section of the second section of the	alternative and the second	не при