## 2015 070724

Return To:

LONNIE HUNT

LONNIE HUNT
3944 MASSACHUSETTS ST

2015 OCT 16 PM 1: 03

MICHAEL B. BROWN RECORDER

#201869252

TO:

Patient:



Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

Attorney: \_

GARY, IN 46409	
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
You are hereby notified that THE MI IN 46402, intends to hold a Hospital Li hospital care, treatment or maintenance of	ETHODIST HOSPITALS, INC., 600 Grant Street, Gary, en for all reasonable and necessary charges for the above listed patient as follows:
and was discharged from the hospital on  2. The amount due for hospital cabove hospitalization is THIRTY-ETGHT TH  (\$ 38,823.24	JULY 29 , 2015  JULY 29 , 2015  Greatment or maintenance during the OUSAND EIGHT HUNDRED TWENTY-THREE 24/100  CONTROL TO THE TWENTY THREE 24/100  CONTROL TO THE TOTAL TO THE TOTAL TO THE TOTAL THREE 24/100
or medical insurance, and credits rake, and any other benefit.  3. To the best of the Hospital's legal representative claims that the form	d under the terms of any contract, health plan, contract, health plan, contract, health plan, plan, contract, health plan, contract, heal
the Office of the Recorder of the County (90)days after the patient was discharge executing this instrument, having been perjury, hereby states that the Hospital	in which the Hospital is located, within ninety d from the Hospital. The undersigned individual duly sworn upon oath, under the penalties of there's to hold the Hospital Lien as described torth in the foregoing statement are true and
STATE OF INDIANA ) ) ss: COUNTY OF LAKE )	THE METHODIST HOSPITALS, INC.  WINNESSES VASQUEZ  WINNESSES VASQUEZ
I MELISSA VASQUEZ , being Hospitals, Inc., being duly sworn upon or are true and correct.	a Patient Representative for The Methodist ath, says that the facts stated in the foregoing
Subscribed and sworn to before me, $(\frac{1}{2})$ , 2015.	MELISSA VASQUEZ  A Notary Public, this day of
My Commission Expires:	A Resident of Motary Public County
I affirm, under the penalties for perjureach social security number in this docume	ry, that I have taken reasonable care to redact ent, unless required by law.
This Instrument Prepared By:  Earle F. 1  8700 Broad	Hites, Attorney at Law dway, Merrillville, IN 46410
### Earle F. 1 8700 Broad 20576 E	Difficial Sea! LISA M. STONE Resident of the announce of the season of t
WW	Security consideration of the experimental security of the sec