## 2015 072861

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 OCT 28 PM 1: 01

MICHAEL B. BROWN RECORDER

201942734

24/15/19

TO:

Return To:

Marlana Demoraes Emilia

Hodges & Davis, P.C.

## 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

	Attorney:
Po Box 6243 #324A	
Indianapolis, IN 46206	
Recorder of Lake County, Indiana Lake County Government Center	Indiana Department of Insurance 311 W. Washington Street
2293 North Main Street	Suite 300
Crown Point, Indiana 46307	Indianapolis, Indiana 46204
	HODIST HOSPITALS, INC., 600 Grant Street, Gary, n for all reasonable and necessary charges for the chove 15 ted patient as follows:
1. The patient was admitted to the and was discharged from the despital on	ctober 08 , 2015
2. The amount due for respital car above hospitalization is Eleven Thousand	re, treatment or maintenance during the one Hundred Winety-Two and 25/100
	unitys Recorder subject to reduction for any
or medical insurance, and credits for all and any other benefit.	under the terms of any contract, health plan, payments, contractual adjustments, write-offs,
	knowledge, the patient or the patient's
liable for damages arising from the pat stay:	lowing named individuals and/or entities are cient's illness or injury causing the hospital
This Lien is being filed pursuant to	the Hospital Lien Law, I.C. Section 32-33-4 in
the Office of the Recorder of the County	in which the Hospital is located, within ninety
(90) days after the patient was discharged	from the Hospital. The undersigned individual MIY sworn upon oath, under the penalties of
perjury hereby states that the Hospital	intends to hold the Mospital Lien as described
above and that the facts and matters set	forth in the foregoing statement are true and
correct.	
	HE METHODIST HOSPITALS, INC.
(1)	VOIANAMENT (MOCKET ALIED (ah)
STATE OF INDIANA ) ss:	Angid Djukidh
COUNTY OF LAKE )	
T 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	n upon oath, ays that the facts stated in the
foregoing are true and correct. (2)	Engle Hut wh
October , 2015.	Notary Public, this day of
-	Ring M. Store
My Commission Expires:	Notary Public A Resident of Lake County
	councy
I affirm, under the penalties for perjury each social security number in this documen	that I have taken reasonable care to redact nt, unless required by law.
This Instrument Prepared By:	$\overline{}$
Earle F. Hi	tes, Attorney at Law way, Merrillville, IN 46410
AMOUNT 8 - YARRE	
CASH 20594	provide annual compact and a second distribution and annual distribution and a second annual contract of the second distributions.
WERAGE E	Official Seal
Company (1985)	(SEAL) Resident of Lake
NOW-COM	March 24, 2019
M. Jacket V. Comment of the Comment	