## 2015 072867

2015 OCT 28 PM 1: 01

MICHAEL B. BROWN RECORDER

201936769

214 50%

Return To:

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

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

TO:	Karen Sullivan		
Patient:	Karen Sullivan	Attorney:	
•	823 A Mohawk Dr		
	Lowell, IN 46356		_
Lake County 2293 North 1	Lake County, Indian Government Center Main Street , Indiana 46307	311 W Suite	na Department of Insurance . Washington Street 300 napolis, Indiana 46204
IN 46402, i	ntends to hold a Ho	ospital Lien for all :	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for ested patient as follows:
	The patient was a charged from the hos	tted to Ober tall	on October 02 , 2015
above hospit	talization/is/One T	housand Seven Hundred	nt or maintenance during the
to which the insurance, other benef:	e patient is entitle and credits for al it.  To the best of the sentative claims the	ed under the terms of a l payments, contractu Hospital's knowledge, at the following name	any contract, health plan, or medical al adjustments, write-offs, and any the patient or the patient's and individuals and/or entities are ness or injury causing the hospital
This I the Office (90)days af- executing t perjury, he	of the Recorder of t ter the patient was his instrument, hav reby states that the	the County in which the discharged from the H ving been duly sworn e Hospital intends to natters set forth in t	tal Lien Law, I.C. Section 32-33-4 in the Hospital is located, within ninety dospital. The undersigned individual upon oath, under the penalties of hold the Hospital Lien as described the foregoing statement are true and
		THE METHODI	ST HOSPITALS, INC.
STATE OF IN	DIANA )	(1) Branch	Engl Hulke
COUNTY OF LA	) ss: AKE )		
<b>.</b> .			
Methodist Ho	gie Djukich ospitals, Inc., bein re true and correct.	g duly sworn upon oath	a Patient Representative for The h, says that the facts stated in the ways of the says that the facts stated in the
October	ribed and sworn to be, 2015.	efore me, a Notary Publ	-
My Commissic	on Expires:		7. Stone Notary Public
March	124, 2019	A Resident o	of <u>Lake</u> County
I affirm, u each social	nder the penalties security number in t	for perjury, that I h	have taken reasonable care to redact required by law.
This Instrum	ment Prepared By:	Earle F. Hites, Attorn 8700 Broadway, Merrill	
AMOUN CASH CHECK CASH	· in the great the conflict that the first		Official Sea:  ISAM. STONE Resident of Lake