STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 006425

2016 JAN 28 PM 12: 49

101102474

TO:

MICHAEL B. BROWN RECORDER

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Shella A Moore Shella A Moore	Attorney:		
	2584 Madison St Gary, IN 46407			
Lake County 2293 North	E Lake County, Indian Y Government Center Main Street L, Indiana 46307	311 W. Suite	a Department of Ins Washington Street 300 apolis, Indiana 462	
IN 46402, hospital ca 1. and was dis 2. above hosp: (\$ 4 to which the insurance, other benefications for stay: This the Office (90)days as executing	intends to hold a Hare, treatment or main the patient was admoscharged from the hose that amount due for italization is Their (662.00) he patient is entitled and credits for all fit. To the best of the esentative claims the damages arising from the patient was this instrument, ha	chat THE METHODIST HOSPI cospital Lien for all re- ntenance of the above of itted to the hospital of pital on pedember 06 hospital care, treatmen Thoragnicia Hundred Si lars. This amount is so a under the unity of car of the payments, contractual Hospital's knowledge, that the following named om the patient's illn pursuant to the Hospital the County in which the discharged from the Ho ving been all we seem e Hospital intends to be	easonable and necessisted patient as for a patient as for a patient as for a patient as for a patient or a patient or the pati	ssary charges for llows: 015 ring the for any benefits plan, or medical te-offs, and any atient's /or entities are ing the hospital ection 32-33-4 in ed, within ninety signed individual the penalties of
above and correct.	that the facts and i	matters set forth to the	ne foregoing statem T ADSPITALS, INC.	ent are true and
STATE OF I	,	(1) ANAMANI	Angle Djudich	<u>N</u>
COUNTY OF I	LAKE)			
Methodist of foregoing and Subscient My Commission I affirm, each social	eribed and sworn to be 2016. ion Expires: under the penalties	efore me, a Notary Publ A Resident o for perjury, that I hat has document, unless re	Angle Dikich Angle Dikich ic, this Angle Notary Lake Ave taken reasonable equired by law.	y of Public County
Notary State Lak	RA A ROSE Public - Seal of Indiana ee County Expires Apr 23, 2022	AMOUNT\$ CASHCHARGE CHECK#20707 OVERAGE COPYNON-COMCLERK		