2016 015569

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 MAR 16 PM 1:02

MICHAEL B. BROWN RECORDER

Return To:

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

|   | SWORN STA   | TEMENT &   | NOTICE   | OF INTENTI   | ON TO HOL  | D HOSPITAL  | LIEN   |                       |
|---|---|--|--|--|--|---|--|-----------------------|
| TO:<br>Patient:                             | WHITLOW,  |  |  | Attorney   | :<br>  |   | _<br>_<br>_  |                       |
| Lake Count<br>2293 North                    | of Lake Cour<br>ty Governmer<br>h Main Stree<br>nt, Indiana                           | nt Center  | 1  | 311<br>Suit  | W. Washing<br>ce 300   | ment of Insur<br>ton Street<br>Indiana 46204  |  |                       |
| IN 46402,<br>hospital of<br>1.<br>and was d | intends to<br>care, treath<br>The patie<br>ischarged fr                               | hold a Homent or main<br>ent was admi-<br>com the hold | spital Laterance  Laterance  Laterance  Laterance  Laterance  Laterance  Laterance | den for all of the above the hospital  | reasonable listed pa listed pa lon Januar                                | e and necess<br>tient as foll   | <u> </u>   |                       |
| above hosp<br>(\$<br>benefits<br>or medica  | The amount pitalization 15,130.79 to which the linsurance ther benefit                | e patient!   | nospital<br>nothernal<br>) Dellar<br>le entica<br>ts for a                         | care, treatment of the control of th | ment or main<br>had thirty<br>hount is su<br>he QEFMST of<br>, contracti | any contraction and adjustment  | duction for a<br>t, health pla<br>ts, write-off                                  | ın,                   |
| legal rep                                   | resentative   | claims th  | at the f   | following na   | med indiv  |   | or entities and the hospit   |                       |
| the Offic (90)days executing perjury,       | e of the Re<br>after the p<br>this inst<br>hereby stat<br>that the                    | corder of the atient was cument, have es that the      | he Count<br>discharg<br>ring beer<br>Hospita                                       | y in which ed from the dill swor intends to forth in THE METHOL  | the Hospital.<br>Hospital.<br>n upon oat<br>p hold the                   | The undersith, under the Hospital Lioing statement of the Line of | tion 32-33-4 , within nine gned individu e penalties en as describ nt are true a | ety<br>al<br>of<br>ed |
| COUNTY OF                                   |   | ) ss:<br>)   |  |  | alled ly 51mp  | (   |  |                       |
| Inc., bei<br>and corre                      | ng duly swo   | orn upon oa  | th, says   | that the f   | acts stated<br>anda R Simp   | in the for  | dist Hospital egoing are tr of   |                       |
| HANU  | sion Expires  | •  |  | A Resident   | a Q  | Notary I  | Public   |                       |
|   |   |  |  |  | have take  | n reasonable  | care to reda   | ıct                   |
|   | rument Prepa  |  | Earle F.   | Hites, Atto  | orney at La  | w   |  |                       |
| Notar<br>Stat<br>La                         | BRA A ROSE<br>y Public - Seal<br>te of Indiana<br>ake County<br>on Expires Apr 23, 20 | 022  | AMOUNT \$ CASH   | //-<br>CHARGE  | iliville, I  |   |  |                       |

COPY\_ NON-COM\_ CLERK\_

248425