STATE OF INDIANA LAKE COURTY FILED FOR RECORD

## 2016 016318

2016 HAR 17 AM 9:57

202079869

MICHAEL B. BROWN RECORDER

Patricia Sowa Patricia Sowa

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

Patient:	Patricia Sowa	Attorney:	
	14 Lindon Pl	ACO 0.5	
	Schererville, IN	463/5	
Lake County 2293 North	Lake County, Indiam Government Center Main Street , Indiana 46307	na Indiana Department of I 311 W. Washington Stree Suite 300 Indianapolis, Indiana 4	t
		•	
IN 46402, i	intends to hold a H	that THE METHODIST HOSPITALS, INC., 600 ( Hospital Lien for all reasonable and nec interance of the above listed patient as	essary charges for
2. above hospi (\$ <b>6,19</b>	charged from the hose The amount due for talization is Six 0.06	mitted to the toppital on March 01, spital on March 01, 2018.  Nospital care, treatment or maintenance of the following the following spital care, treatment and 06 100 and the following spital to reduct to the decrease of any contract, health toppicates of the following spital spit	on for any benefits
other benef		er-payments, contracted acquirents, w	rice-orrs, and any
3. legal repre	To the best of the esentative claims to	Hospital's knowledge, the patient or the hat the following named individuals a com the patient's illness or injury ca	nd/or entities are
the Office (90)days af executing t perjury, he	of the Recorder of ter the patient was this instrument, ha ereby states that th	pursuant to the Hospital Lien Law, I.C. the County in which the Hospital is local discharged from the Hospital. The underlying been duly sworn upon oath, under the Hospital intends to hold the Hospital matters see forth in the foregoing state.  THE METHODEST HOSPITALS INC.	ated, within ninety ersigned individual the penalties of Lien as described ement are true and
STATE OF IN	DIANA )	(1) BYEAL MAGNE Dyukich	<u>ch</u>
COUNTY OF L			
Methodist H	ie Djukich ospitals, Inc., bei re true and correct.	, being a <u>Patient Represent</u> ng duly sworn upon oath, says that the following the says that the says the says that the says the says the says that the says th	facts stated in the
	ribed and sworn to b		day of
My Commissi	on Expires:		ry Public
Mach	24,2019	A Resident of Lake	County
I affirm, u each social	under the penalties security number in	for perjury, that I have taken reasonal this document, unless required by law.	ble care to redact
AN	MOUNT & CHARGE	Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410	
V: C: C: C:	ASHCHARGE_ HECK#_20859 VERAGEOPYON-COM	Official Sea LISA M. STONI Resident of La My commissio March 24, 201	E ke County, IN n expires
01 742557	The same of the contract of the same of th		