STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 036773

2016 JUN 14 PM 12: 38

#202119604

TO:

Patient:

MICHAEL B. BROWN RECORDER
Hodges & Davis, P.C.

Return To:

CAROLINE GRAY CAROLINE GRAY

COPY\_ NON-COM\_ CLERK\_\_

250892

8700 Broadway, Merrillville, IN 46410

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

Attorney:

	CINCILINE CIVII		
	5061 DELAWARE ST	<u></u>	
	GARY, IN 46409	<del></del>	
Recorder of	Lake County, Indian	a Indiana Den	artment of Insurance
	Government Center		ington Street
	Main Street	Suite 300	
Crown Point	., Indiana 46307		s, Indiana 46204
IN 46402,	intends to hold a H	ospi <del>tal Lien for all rea</del> son	INC., 600 Grant Street, Gary, able and necessary charges for
hospital ca	are, treatment or mai	ntenance of the above listed	patient as follows:
1.	The patient was adm	itted to the hospital on API	RN 8 , 2016
and was dis	scharged from the ho	pital on APRIL 8 7 A201	<b>6</b>
2.	The amount due for	hospital care, treatment or	maintenance during the
		HUNDRED SEXTE IS WEE 86/109 er	
(\$5	65.86 DOLL	ars. This amount is subject	to reduction for any benefits htract, health plan, or medical
insurance,	and credits for al		justments, write-offs, and any
other benef			
3.		Hospital's knowledge, the paragraph the following paragraph	
			ndividuals and/or entities are or injury causing the hospital
stay:	dumages arribing in	A circ patreire s illiness o	injury edusing the hospital
_			
			en Law, I.C. Section 32-33-4 in
			ital is located, within ninety
			1. The undersigned individual
executing '	this instrument, ha	ving been duly sworn upon	oath, under the penalties of
perjury, ne	ereby states that th	e Hospital intends to hold	the Hospital Lien as described
above and correct.	that the facts and i	matters set forth in the for	regoing statement are true and
correct.		THE METHODIST HOS	PITALS THE
		(1) <b>EX</b>	you Varyour
STATE OF IN	,	MELISSA VAS	QUEZ / / /
COUNTY OF L	) SS:		
COUNTY OF I	JARE )		
I	MELISSA VASQUEZ	_, being a <u>Patient Repre</u>	esentative for The Methodist
Hospitals,	Inc., being duly swe	orn upon oath, says that the	facts stated in the foregoing
are true an	nd correct.	$\mathcal{M}$	10 1/2001/2
		(2) Helle	Ja rayraz
O Cush a c	unibad and arrays to b	MELISA VĀS	~ `1 111
VIIII	, 2016.	efore me, a Notary Moblic, th	
Julia	, 2010.	Busq Me.	Stone
My Commissi	on Expires:		Notary Public
_		A Resident of	<b>HOVE</b> County
//lane	624,2019		
T affirm :	under the nenalties	for perjury that I have to	aken reasonable care to redact
		this document, unless require	
			7
This Instru	ment Prepared By:		
		Earle F. Hites, Attorney at	
	11	8700 Broadway, Merrillville	, IN 40410
A	AMOUNT &		The state of the s
	CASHCHARGE		Official Seal
	CHECK # 20982	<u>r</u>	LISA M. STONE
	OVERAGE		a ( outre)   My commission over
(	COPY		March 24, 2019