2016 036783

2016 JUN 14 PM 12: 38

101184606

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:	Drevon King	Attorney	Harrison T. Walland
racient.	1744 N Mansard Blvd OA	Accorney.	Harvey L Walner
			33 N LaSalle St. #2700
	Griffith, IN 46319		Chicago, IL 60602
Recorder o	f Lake County, Indiana	India	na Department of Insurance
Lake Count	y Government Center		. Washington Street
		Suite	
Crown Poin	t, Indiana 46307	India	napolis, Indiana 46204
IN 46402, hospital c		of the above cument the hospital	10
2.	The amount due for hospital	care, treatme	
above hosp (\$ 3 to which t	italization is Three Thousand 8,865.65 Dollars. The he patient is entit Idiculars and credits for all payment	Eight Hundred is amount is a county Rec	
3.	To the best of the Hospital'		
			ed individuals and/or entities are ness or injury causing the hospital
the Office (90) days a executing perjury, h	of the Recorder of the Count fter the patient was discharg this instrument, having been dereby states that the Hospita	y in which the ed from the Honorous to the forth in the	tal Lien Law, I.C. Section 32-33-4 is the Hospital is located, within ninet ospital. The undersigned individua upon oath, under the penalties of hold the Hospital Lien as described the foregoing statement are true and the Hospitals, INC.
STATE OF I	NDIANA)		Angie Djukich
COUNTY OF	LAKE)		
Methodist foregoing	are true and correct. (2)	worn upon oat	a Patient Representative for The h, says that the facts stated in the Angle Djukich
Subs	cribed and sworn to before me, , 2016.		
- Jura		Klipp	mistore
My Commiss	ion Expires:		Notary Public
Meneh	24, 2019	A Resident	of <u>Lake</u> County
I affirm,	under the penalties for perj	ury, that I h	have taken reasonable care to redac

each social security number in this document, unless required by law.

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This Instrument Prepared By:

Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410

AMOUNT \$. CASH__ CHECK #. E OVERAGE COPY_ NON-COM CLERK_



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