STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 039305

2016 JUN 24 AM 10: 38

MICHAEL B. BROWN RECORDER

Official Seal
LISA M. STONE
Resident of Lake County, IN
My commission expires
March 24, 2019

(SEAL)

202175079

CHECK#_ OVERAGE

COPY. NON-COM CLERK.

251143

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

TO: Patient:	Alante Sharp	7.44.0		
Patient:	Alante Sharp 530 W 56th Pl	Attorne	A:	
	Merrillville, IN	46410		
Lake County 2293 North	Lake County, Indian Government Center Main Street , Indiana 46307	31 Su	diana Department of 1 W. Washington Str ite 300 dianapolis, Indiana	eet
IN 46402, i	intends to hold a Fre, treatment or man		ll reasonable and rove listed patient a	
and was dis 2.	charged from the ho The amount due for	spital of The lospit hospital care, trea Thousand Form fundre	2016 . tment or maintenance	
($\frac{\$}{1}$ to which th	de patient is entital and credits for a	lars. This amount be under the transfer	is subject to reduce	tion for any benefits ath plan, or medical write-offs, and any
3. legal repre	To the best of the esentative claims t		named individuals	he patient's and/or entities are causing the hospital
the Office (90)days af executing to perjury, he	of the Recorder of ter the patient was this instrument, ha ereby states that the	the County in which is discharged from the aving been duly sweet intends matters set forth	the Hospital is lee Hospital. The unit of the Hospital the Hospital the foregoing stopping the foregoing	Section 32-33-4 in cated, within ninety dersigned individual or the penalties of al Lien as described atement are true and
STATE OF IN	DIANA)) ss:	(1) CHANAN	Angze Djukich	
COUNTY OF L	AKE)			
Methodist H	gie Djukich ospitals, Inc., bei re true and correct.	ng duly sworn upon	ing a <u>Patient Rep</u> oath, says that the MGU AU	resentative for The facts stated in the
Subsc		pefore me, a Notary		May of
My Commissi	on Expires:		No	tary Public
Marcho	24,2019	A Reside	nt of <u>Lake</u>	County
I affirm, u	under the penalties security number in	for perjury, that this document, unle	I have taken reaso ss required by law.	nable care to redact
This Instru	ment Prepared By:	Earle F. Hites, At	torney at Law	
8700 Broadway, Merrillville, IN 46410				
AMO! CASI	CHARGE 20995		Official	S college de la college de