## 2016 049646

2016 AUG -2 PM 1: 24

MICHAEL B. BROWN RECORDER

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Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Jennifer Wilson Jennifer Wilson 411 Tyler St Hobart, IN 46342	Attorney:
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
IN 46402, i	intends to hold a Hore re, treatment or main	hat THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, espital Lien for all reasonable and necessary charges for intenance of the above listed patient as follows:
2. above hospi	charged from the hos The amount due for talization is Tight	itted to the hospital on June 09 , 2016  gital on June 09 , 2016  dital on June 09 , 2016  care, treatment or maintenance during the Bundred Eighty-Two and 98/100 of
to which th insurance, other benef	e patient is entitle and credits for all it.	This amount is subject to reduction for any benefits the under the unitary Reconstruct, health plan, or medical payments, contractual adjustments, write-offs, and any
	esentative claims th	Hospital's knowledge, the patient or the patient's at the following named individuals and/or entities are om the patient's illness or injury causing the hospital
the Office (90)days af executing t perjury, he	of the Recorder of the the patient was this instrument, have reby states that the that the facts and many that the facts and many that the facts are many than the facts are m	pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within ninety discharged from the Hospital. The undersigned individual ring been cally sworn upon oath, under the penalties of a Hospital intends to hold the Hospital Lien as described natters set forth in the foregoing statement are true and the Methodist Hospitals, INC.  (1) Avian Methodist Hospitals, INC.
COUNTY OF L	) ss: AKE )	
Methodist H foregoing a  Subsc  My Commissi	re true and correct. ribed and sworn to be, 2016.	, being a Patient Representative for The ag duly sworn upon oath says that the facts stated in the (2)  Angid Djukith  Angid D
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.		
~ AM CAS CH OV	OUNT\$ // CHARGE ECK# 2/089	Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410  Official Seal LISA M. STONE Resident of Lake County. IN My commission expires March 24, 2019