STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 049647

2016 AUG -2 PM 1: 24

MICHAEL B. BROWN RECORDER

101219227

252282

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

| TO: Patient: | Larry Hopkins Jr Larry Hopkins Jr 836 Van Buren St Gary, IN 46402 | Attorney: | | |
|--|--|--|--|--|
| Lake County 2293 North | Lake County, Indiana Government Center | 311 W Suite | na Department of J. Washington Stre 300 napolis, Indiana | eet |
| You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows: | | | | |
| 2. above hospi | The patient was admitted charged from the hospital The amount due for hospitalization is Five The | ed to the hospital al on July 11 , pital care, treatments and Four Bundred | on July 11 , 2016 . Int or maintenance Winety Fire and 8 | 30/100 |
| to which th | e patient is entitled u and credits for all p it. | nder the terms of cayments, contractu | any contract, hea al adjustments, | write-offs, and any |
| | To the best of the Hosp esentative claims that damages arising from t | the following nam | ed individuals | and/or entities are |
| the Office (90)days af executing to perjury, he | Lien is being filed pur of the Recorder of the ter the patient was dis this instrument, having creby states that the He that the facts and matt | County in which the scharged from the H g been colly sworn ospital intends to ers set forth in | ne Hospital is lo Hospital. The un upon oath, unde hold the Hospita | cated, within ninety dersigned individual r the penalties of al Lien as described atement are true and |
| STATE OF IN |) ss: | | Angie Gjukich | <u>40</u> |
| I Ang Methodist H | ie Djukich ospitals, Inc., being o re true and correct. | , being duly sworn upon oat (2) | says that the | resentative for The facts stated in the |
| Subsc July My Commissi | ribed and sworn to before, 2016. | · - | M. Store | M day of sary Public |
| \ | 24,2019 | A Resident | | County |
| I affirm, υ each social | under the penalties for security number in this | perjury, that I be document, unless | have taken reason required by law. | nable care to redact |
| This Instru | AMOUNT \$ CHARGE | rle F. Hites, Attor 00 Broadway, Merril | lville, IN 46410 Official Se | 7E # |
| | CHECK # | | Resident of L My commiss March 24, 20 | ake County, in the following state of the fol |