STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

## 2016 049649

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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:	Tyrone	Dabney					
Patient:	Tyrone	Dabney	At	torney:			
	4550 Ty		<del></del>				
	Gary, I	N 46407					
n 1 5	- 1						
Recorder of			ıa		epartment of		
Lake County 2293 North				311 W. Wa Suite 300	shington Str	reet	
Crown Point					lis, Indiana	16201	
CIOWII FOIIIC	, Indiana	40307		Indianapo	IIS, Indiana	1 40204	
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(\$ 1,	648.53	) Dol	lars. This an	mount is subje	ect to reduc	tion for any bene:	fits
to which th insurance, other benef.	and cred	is entitle	ed under the t	erms of any	contract, he	write-offs, and	ical
3.	To the b	est of the	Hospital's kn	owledge, the	patient or t	the patient's	
<pre>legal repre liable for stay:</pre>	esentativ damages	e claims the arising from	nat the folloom the patie	wing named ent's illness	individuals or injury	and/or entities causing the hosp:	are ital
the Office (90)days af executing t perjury, he	of the R ter the p this inst reby sta	ecorder of patient was rument, hates that the	the County in discharged for the ving been due to Hospital in matters set f	which the Horom the Hospi ly sworn upo tends to hold	ospital is latal. The unit of the Hospital foregoing st	C. Section 32-33-4 ocated, within nin ndersigned individue der the penalties al Lien as descri- tatement are true	nety dual of ibed
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			(1) WEY	DIANATULE	nair Ar	ur Ch	
STATE OF IN	DIANA	)		An	gie Djukich		
COLUMNIA OF T	7 7 7 7 7	) ss:					
COUNTY OF LA	AKE	)					
I An	gie Djuk	ich		. being a	Patient Rer	presentative for	The
Methodist H foregoing a	ospitals, re true a	Inc., beir and correct.	(2)	upon oath s	ays that the	e facts stated in	
Subsci	ribed and , 2016		efore me, a N	Ā c	Stone	day of	
My Commission	on Evnire	.c.	<del>- 6</del>	/)(1/)(g /VIC	<del></del>	tary Public	
_	hdyd		A	Resident of $\_$		County	
I affirm, u each social	nder the security	penalties number in	for perjury, this document	that I have, unless requ	taken reaso ired by law.	onable care to red	dact
This Instru	ment Prep	pared By:		01			
CASI CHE	DUNT \$CHAI HCHAI ECK #S ERAGE	11- 10-89 E		es, Attorney a y, Merrillvil	le, IN 46410	Official Seal LISA M. STONE	
COF		<u> </u>			N Carrier N	Resident of Lake County, IN My commission expires	þ
NOI	N-COM	- <del></del>			NO AND A	March 24, 2019	P