STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 049652

2016 AUG -2 PM 1: 24

MICHAEL B. BROWN RECORDER

#101215493

Return To:

Hodges & Davis, P.C.

Official Seal

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

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

TO: Patient:	JULIO GABRIEL CANT JULIO GABRIEL CANT 6745 JOSEPH AVE PORTAGE , IN 4636	U PENA Atto	rney:		
Lake County 2293 North	f Lake County, Indian y Government Center Main Street t, Indiana 46307	a .	Indiana Departmen 311 W. Washington Suite 300 Indianapolis, Ind	n Street	
IN 46402,	are hereby notified to intends to hold a Heare, treatment or maing the patient was admitted.	ospital Lien for	above listed patie	and necessary cha	
2. above hospi	scharged from the hos The amount due for italization is 1860en 60) Dollars	pital on July hospital care, t thousand three	reatment or mainter hundred ninety him	& 60/100	ofita to
which the	patient is entitled and credits for al	ander the otenia	y Kesor Centract,	health plan, or	medical
3. legal repr liable for stay:	To the best of the esentative claims the damages arising from	at the following	ng named individ	uals and/or enti	ties are hospital
the Office (90)days as executing perjury, he	Lien is being filed of the Recorder of fter the patient was this instrument, have ereby states that the that the facts and recorder is the facts and recorder.	the County in windischarged from ving been dilly interest fort	the Hospital the Hospital. To the Hospital. To the Hospital to the Hospital the Hos	is located, withing undersigned in under the penal spital Lien as of a statement are	n ninety dividual lties of described
STATE OF IN	NDIANA)	1 - 1	DIAN HALL		
COUNTY OF I	LAKE)				
being duly correct.	IAN HALL , being a sworn upon oath, s	ays that the fa	acts stated in the	e foregoing are	s, Inc., true and
July	cribed and sworn to b	efore me, a Nota	ry Public, this		
_	ion Expires:	A Res	ident of Sane	Notary Public	
March	24,2019	71 Reb			
I affirm, each social	under the penalties security number in	for perjury, th	at I have taken r nless required by	easonable care t law.	o redact
This Instru	ument Prepared By:	205			
ΔΜΩ	INT 8		Attorney at Law Merrillville, IN 4	6410	
71,0100					

252289

CASH__

CHECK#.

OVERAGE. COPY_ NON-COM CLERK_

CHARGE 21089

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