STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 059183

2016 AUG 30 PM 1: 13

MICHAEL B. BROWN RECORDER

Return To:

BOLES, GWENDOLYN F

1903 WEST 21ST AVE

NON-COM_ CLERK___

253010

TO:

Patient:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

GARY, IN 46404	
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
IN 46402, intends to hold a Hospital Lien for hospital care, treatment or maintenance of the a	above listed patient as follows:
and was discharged from the hospital on June 2. The amount due for hospital care, to	oital on June 17 , 2016
above hospitalization is Twenty four thousand (\$ 24,227.15) Dollars. This benefits to which the patient is entire and credits for all payment and any other benefit.	y the Corner of any contract, health plan,
3. To the best of the Hospital's knowled legal representative claims that the following liable for damages arising from the patient's stay:	g named individuals and/or entities are
the Office of the Recorder of the County in who (90) days after the patient was discharged from executing this instrument, having been dally perjury, hereby states that the Hospital intensionabove and that the facts and matters set forth correct.	the Hospital. The undersigned individual sworn upon oath, under the penalties of to hold the Hospital Lien as described
STATE OF INDIANA) ss:	Molanda R simpson
COUNTY OF LAKE)	
I Yolanda R Simpson , being a Par Hospitals, Inc., being duly sworn upon oath, sa are true and correct.	Jolanda Bumpson
Subscribed and sworn to before me, a Notation of the subscribed and sworn to before me, a Notation of the subscribed and sworn to before me, a Notation of the subscribed and sworn to before me, a Notation of the subscribed and sworn to before me, a Notation of the subscribed and sworn to before me, a Notation of the subscribed and sworn to before me, a Notation of the subscribed and sworn to before me, a Notation of the subscribed and sworn to before me, a Notation of the subscribed and sworn to before me, a Notation of the subscribed and sworn to before me, a Notation of the subscribed and sworn to before me, a Notation of the subscribed and sworn to before me, a Notation of the subscribed and sworn to before me, a Notation of the subscribed and sworn to before me, and the subscribed and sworn to be subscribed and swor	ing Me Stone
My Commission Expires:	Notary Public County
Manel 24, 2019	ident of 77000 County
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.	
	Attorney at Law
AMOUNT \$ B700 Broadway, I CASHCHARGE CHECK # CHECK # E OVERAGE E	Official Seal LISA M. STONE Resident of Lake County. IN My commission expires March 24, 2019