STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 004322

2017 JAN 19 AM 9: 45

#101299406

MICHAEL B. BROWN RECORDER

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256825

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	JESUS DE LA CRUZ JESUS DE LA CRUZ 6704 OHIO AVE. HAMMOND, IN 46323	Attorney:	·
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 V Suite	ana Department of Insurance W. Washington Street e 300 anapolis, Indiana 46204
IN 46402, in hospital call and was discapled benefits to or medical and any other 3.	The patient was admicharged from the bosy. The amount due for talization is TWENTY 20,332.57 which the patient the insurance, and credier benefit. To the best of the F	spital Lien for all atenance of the above tred to the hospital care, treatment thousand three hundred to bollars. This amendated outday Restance to all payments, lospital's knowledge,	on DECEMBER 10
			ed individuals and/or entities are lness or injury causing the hospital
the Office (90)days af executing to perjury, he	of the Recorder of ter the patient was this instrument, have reby states that the that the facts and m	he County in which to discharged from the ring been of MR sworn atters set forth in THE METHOD: (1) BY DIA 1.	tal Lien Law, I.C. Section 32-33-4 in the Hospital is located, within ninety Hospital. The undersigned individual upon oath, under the penalties of hold the Hospital Lien as described the foregoing statement are true and ST HOSPITALS, INC.
COUNTY OF LAKE)			
Hospitals, are true and Subsc.	<pre>Inc., being duly swo d correct. ribed and sworn to be</pre>	rn upon oath, says th	Representative for The Methodist hat the facts stated in the foregoing LASA VASQUEZ Carrotte day of
Wecemb	<u>191</u> , 2016.	Luña	m, stone
My Commissi	on Expires:	A Resident	Notary Public
Meretro	24,2019	_ A Nesident	or very
I affirm, we each social	under the penalties security number in t	for perjury that I this document, unless	have taken reasonable care to redact required by law.
This Instru	ment Prepared By:	Earle F. Hites, Attor 8700 Broadway, Merril	-
	AMOUNT \$CHARGECHECK #2/3/9_OVERAGECOPY	- - - -	Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019