STATE OF INJIANA LAKE COUNTY FILED FOR RECORD

2017 004352

2017 JAN 19 AM 9: 47

MICHAEL B. BROWN RECORDER

101285091

256805

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

TO:	Curt Henry		·	
Patient:	Curt Henry	Atto	rney:	
	4520 W Ridge RD	#242		
	Gary, IN 46408		-	
	Gary, In 19199		•	
Recorder of	f Lake County, India	ina	Indiana Department of	f Insurance
	Government Center		311 W. Washington St:	
-	Main Street	-	Suite 300	
	, Indiana 46307		Indianapolis, Indiana	a 46204
Olowii loliid	z, indiana 4000,		indianapolity indian	10201
IN 46402, hospital ca	intends to hold a are, treatment or ma	Hospital Lien for aintenance of the	r all reasonable and above listed patient a	
1. and was dis	scharged from the ho The amount due for	spital on Naver hospital care, t	poer 11 A 12016 reatment or maintenance	ce during the
above hospi	italization is Ti x	ed decurred the	tive operand 134/184	
herefits to	which the patient	the Lake Count	v. Recorder!	to reduction for any contract, health plan,
				justments, write-offs,
and any oth	ner benefit.			
3.			ledge, the patient or	
				and/or entities are causing the hospital
This	Lien is being file	pursuant to the	Hospital Lien Law. I	.C. Section 32-33-4 in
				located, within ninety
				undersigned individual
executing	this instrument.	aving been of R	sworn upon oath, up	der the penalties of
perjury. he	ereby states that t	he Hospital inte	nds to hold the Hospi	tal Lien as described
				tatement are true and
correct.	and and races and		the folegoing s	tatement are true and
		THE	ETHOSIST HOSPITALS, II	NC.
		E SEAT	· · · · · · · · · · · · · · · · · · ·	
		(1) OBDIAN	Amore Coall D	y we let
STATE OF IN	NDIANA)		Angie Djukick	
COUNTY OF I) ss: Lake)			
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	ngie Djukich		being a <u>Patient Re</u>	presentative for The
Methodist H	Hospitals, Inc., be	ing duly sworn up	on oath, says that th	e facts stated in the
foregoing a	are true and correct			A A
		(2)	(mgll f	y us let
	•		Angie Dukich	
Subsc	cribed and sworn to	before me, a Nota	ary Public, this	day of
I SHAYA (III)	2016.	ala	1 1 1 (1) MX	
W MIL				
My Commissi	ion,Expires:		No Committee No	otary Public
1901	13700	A Res	sident of <u>Lake</u>	County
T - 5 /- 7				
each social	under the penaltie L security number in	s for perjury, the this document, the	nat I have taken reasuabless required by law	onable care to redact.
This Instru	ment Prepared By:			
DE	BRA A ROSE		Attorney at Law	
1	ry Public - Seal	8700 Broadway,	Merrillville, IN 4641	0
	ite of Indiana			
	ake County	*****	11-	
wy Commissio	on Expires Apr 23, 2022	AMOUNT \$		
			CHARGE	
		CHECK#	2/396	
		OVERAGE		
		COPY	F_	

NON-COM

CLERK__