STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 019821

2017 HAR 28 PM 1: 12

MICHAEL B. BROWN RECORDER

#202440316

NON-COM_ CLERK_CIP

260606

| | Return To | 3 | s, P.C. Merrillville, IN 46410 |
|---|--|---|---|
| <u>s</u> | WORN STATEMENT & NO | TICE OF INTENTION TO | |
| TO: Patient: | TINA MCGINNIS TINA MCGINNIS | Attorney: | |
| | CROWN POINT, IN 46307 | | |
| Lake County 2293 North | Lake County, Indiana Government Center Main Street , Indiana 46307 | 311 W. Wa Suite 300 | epartment of Insurance shington Street lis, Indiana 46204 |
| IN 46402, hospital ca l. and was dis 2. | intends to hold a Hosp are, treatment or mainted The patient was admitt scharged from the hospit The amount due for hospit | pital Lien for all rease enance of the above list control of the bospital on F and respital on F spital care, treatment | ebruary 20 2017 171 r maintenance during the |
| (\$ 955 to which th | ne patient is entitled; and credits for all | Indee Countrys Record | contract, health plan, or medical adjustments, write-offs, and any |
| 3. legal repre | To the best of the Hosesentative claims that | the following named | patient or the patient's individuals and/or entities are or injury causing the hospital |
| the Office (90)days af executing perjury, he | of the Recorder of the fter the patient was di this instrument, havin ereby states that the N | e County in which the Ho scharged from the Hospi ng been duly sworn upo Hospital intends to hol | Lien Law, I.C. Section 32-33-4 in spital is located, within ninety tal. The undersigned individual in oath, under the penalties of d the Hospital Lien as described foregoing statement are true and OSPITALS, INC. |
| STATE OF IN |) ss: | DIAN HALL | |
| Ibeing duly correct. | | s that the facts stated (2) | or The Methodist Hospitals, Inc., d in the foregoing are true and |
| Mana | cribed and sworn to before, 2017. | DIAN HALL pre me, a Notary Public, | this 17 day of |
| -, | on Expires: | A Resident of | Stone Notary Public County |
| I affirm, | under the penalties fo | r perjury, that I have is focument, unless requ | taken reasonable care to redact ired by law. |
| This Instru | ment Prepared By: \overline{E} | arle F. Hites, Attorney | at Law |
| C/ O C | | 700 Broadway, Merrillvil | |