STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

## 2017 019823

2017 MAR 28 PH 1: 12

MICHAEL B. BROWN RECORDER

#101332166

NON-COM\_ CLERK\_\_\_

260601

Return To:

Hodges & Davis, P.C.

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

FO: Patient:	DEBRA NELSON DEBRA NELSON 1525 ROOSEVELT ST GARY, IN 46404	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, mospital cand 1. and was dis	intends to hold a Ho ire, treatment or main The patient was admi scharged from the hour The amount due for	prepared Lien for all prepared of the above the hospital care, treatment that the care, treatment to the care, the care, the care care care care care care care car	on February 14 2017 2017 ent or maintenance during the
above hospi (\$ 15 to which the insurance, other benefined as a second as a sec	talization is ptest 802.05 Dollar e patient is entitle and credits for all sit.  To the best of the besentative claims the	Dusand eight hundred ars. This amount is a line to the the the track. I payments, contractudospital's knowledge, at the following name	subject to reduction for any benefits any contract, health plan, or medical adjustments, write-offs, and any the patient or the patient's and individuals and/or entities are lness or injury causing the hospital
the Office (90)days af executing perjury, he	of the Recorder of the Ster the patient was this instrument, have ereby states that the that the facts and m	the County in which to discharged from the ving been ally sworn to Hospital intends to latters set forth in	tal Lien Law, I.C. Section 32-33-4 in he 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 IST HOSPITALS, INC.
COUNTY OF I	) ss:	DIAN	TIALLY
I DIAN HALL , being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.			
Subscribed and sworn to before me, a Notary Public, this 1711 day of Swing McStone			
_ ,	ion Expires: 21, 2019	A Resident	<pre>Notary Public</pre>
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.			
This Instru	ument Prepared By:	Earle F. Hites, Attor	
CA C! O\	MOUNT \$//- ASHCHARGEHECK #2/534 VERAGEDPY		Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019