STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 019826

2017MAR 28 PM 1: 12

MICHAEL B. BROWN RECORDER

#202463512

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260657

Hodges & Davis, P.C.

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

TO:	LISA GOTTFRIED			
Patient:	LISA GOTTFRIED	Attorney:		
	110051 PEARWOOD DR SAINT JOHN, IN 46373			
•	SAINT COMY, IN 40373			
	Lake County, Indiana Government Center Main Street		na Department of Ins . Washington Street 300	surance
Crown Point	, Indiana 46307	India	napolis, Indiana 462	204
You as IN 46402, it hospital cases 1. and was discased 2. above hospital (\$ 2, to which the	re hereby notified that intends to hold a Hospire, treatment or mainten. The patient was admitted that the amount due for hospitalization is THOUS 523.55 e patient is entitled in and credits for all patents.	THE METHODIST HOST tal Lien for all ance of the above to the hospital len MARCH 14 ital Care, treatme AND FIVE HUNDRED TO THIS amount is ayments, contractu	PITALS, INC., 600 Gr reasonable and nece listed patient as for on MARCH 14 , 201 2017 nt or maintenance du WENTY-THREE, 55/100 wenty-three, 55/100 abject to reduction any contract, health al adjustments, write	rant Street, Gary, ssary charges for ollows: 17 17 1ring the 1 for any benefits plan, or medical te-offs, and any
legal repre	esentative claims that damages arising from t	the following name	ed individuals and	d/or entities are
the Office (90) days af executing t	Lien is being filed pursof the Recorder of the ter the patient was dischis instrument, having reby states that the Hothat the facts and matter	County in which the charged from the Hobern duly sworn espital intends to ers set forth in THE METHODI	ne Hospital is locat Hospital. The under upon oath, under	ed, within ninety signed individual the penalties of
STATE OF IN) ss:	(1) WOIAL MELLIS	SA VASQUEZ	nez_
COUNTI OF LA	ARE)			
Hospitals, are true and	MELISSA VASQUEZ , Inc., being duly sworn d correct. ribed and sworn to befor, 2017.	upon oath, says th (2) MELIS re me, a Notary Pub	SA VASQUEZ	
My Commissi	on Expires:	- <u>(/ ;)-{(/ ;)-4</u>] - [y Public
-	24, 2019	A Resident	~ ~ ~ -	County
I affirm, we each social	under the penalties for security number in this	perjury, that I l	have taken reasonab required by law.	le care to redact
This Instru		le F. Hites, Attor O Broadway, Merril		
	AMOUNI \$CASHCHARGECHECK #Z/5.3.9 OVERAGEEOPYE NON-COM	-	Official Sea LISA M. STONE Resident of Lah My commission March 24, 201	ke County, IN to a county, IN to a county, IN to a county of the county