STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 019828

2017 MAR 28 PM 1: 12

MICHAEL B. BROWN RECORDER

#101327411

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INT	ENTION TO HOLD HOSPITAL LIEN
TO: RAYLYNN T JILES	
	rney:
3814 ERIE CT APT 1	
EAST CHICAGO, IN 46312	<del></del>
EAST CHICAGO, IN 40512	
Recorder of Lake County, Indiana	Indiana Department of Insurance
Lake County Government Center	311 W. Washington Street
2293 North Main Street	Suite 300
Crown Point, Indiana 46307	Indianapolis, Indiana 46204
Van and banche wat Stad that MUD MUDIUDE	OT HOODITALO THO COO O I I OLIVER
	ST HOSPITALS, INC., 600 Grant Street, Gary,
IN 46402, intends to hold a Hospital Lien for hospital care, treatment or maintenance of the	
nospital care, treatment of maintenance of the	above listed patient as lollows:
1. The patient was admitted to the hos	pital on FEBRUARY 05 , 2017
and was discharged from the hospital on FEBRU	
2. The amount dug for hospital care,	reatment or maintenance during the
above hospitalization is Fighteen Thousand (\$ 18,801.64) Dollars. Th	Fight Hundred One & 64/100
(\$ 18,801.64 ) Dollars. Th	is amount is subject to reduction for any
benefits to which the patienthis lentitled und	The Ottoms of any contract, health plan,
or medical insurance, and credits for all pay	ments, contractual adjustments, write-offs,
and any other benefit.	
3. To the best of the Hospital's knowledge.	edge, the patient or the patient's
legal representative claims that the following	
liable for damages arising from the patient	's illness or injury causing the hospital
stay:	
This Lien is being filed pursuant to the	Hospital Lien Law, I.C. Section 32-33-4 in
the Office of the Recorder of the County in w	
(90) days after the patient was discharged from	
executing this instrument, having been duly	sworn upon oath, under the penalties of
perjury, hereby states that the Hospital inte	
above and that the facts and matters set for	h in the foregoing statement are true and
correct.	
THE 1	ETHODIST HOSPITALS, INC.
(1)	Al le sha Various
STATE OF INDIANA	MET COST VICOUEZ
	MELITSSA VASQUEZ ()
COUNTY OF LAKE )	
COUNTY OF LARE	
I MELISSA VASQUEZ , being a P	atient Representative for The Methodist
Hospitals, Inc., being duly sworn upon oath, s	says that the facts stated in the foregoing
are true and correct.	Maria Varana
(2)	LILLOXIOL Y WANGEZ
	MELISSA VASQUEZ
Subscribed and sworn to before me, a Nota	ry Public, this ON U day of
<u>1</u> ( <u>U/Q/ \ , 2017.</u>	mis M-8/010
My Commission Expires:	sident of Samo County
March 24, 2019 A Res	sident of // /core
17 00 00 11 0) 0 11	
I affirm, under the penalties for perjury, the	at I have taken reasonable care to redact
each social security number in this document, a	nless required by law.
This Instrument Prepared By:	<u> </u>
	Attorney at Law
8700 Broadway,	Merrillville, IN 46410
AMOUNT \$ //-	and the sub-investigated from the sub-invest
CASHCHARGE	Official Seal
CHECK#_ 21539	LISA M. STONE Resident of Lake County, IN
OVERAGE	My commission expires
COPY	March 24, 2019

260654

OVERAGE. COPY\_ NON-COM\_ CLERK