2017 043355

2017 JUL 14 PM 1: 12

MICHAEL B. BROWN RECORDER

#101399091

Return To:

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	GEORGE NEFF			
Patient:	17916 BUCHANAN	Attorney:		
	LOWELL, IN 46356		,	
	f Lake County, Indiana		epartment of Insurance	
	y Government Center		shington Street	
	Main Street	Suite 300		
Crown Poin	t, Indiana 46307	Indianapo	lis, Indiana 46204	
IN 46402,	intends to hold a Ho are, treatment or main	hat THE METHODIST HOSPITAI spital Lien for all reason tenance of the above list	onable and necessary c ed patient as follows:	
	The patient was admi scharged from the hose The amount due for h	tted to the hospital on J. Challon Vine 12C I A I	2017	_
2. above hosp		ospital care, treatment of ousand four hundred fifte	r maintenance during the	ie
(\$ 1415.3	0 ) Dollarg. This	amount is subject to red	duction for any benefit	s to which
the patier	nt is entitled under	Lake County Records	tract, health plan, o	or medical
		payments, contractual a		
other bene	1 1 2 1			1
3.		lospital's knowledge, the		
		at the following named		
	damages arising from	m the patient's illness	or injury causing th	e hospital
stay:				
This	Lien is being filed r	oursuant to the Hospital I	Lien Law. I.C. Section	32-33-4 in
		he County in which the Ho		
(90)days a	fter the patient was	discharged from the Hospi	tal. The undersigned	individual
executing	this instrument, hav	ing been duly sworn upon	n oath, under the per	nalties of
perjury, h	ereby states that the	Hospital intends to hold	d the Høspital Lien as	described
above and	that the facts and ma	atters set forth in the	foregoing statement are	e true and
correct.				
		THE METHODIST HO	OSPITALS, INC.	
פתאשה סה דו	MOTANA	(1) BYAN HATA		_ <del>_</del>
STATE OF I	) SS:	DIAN HALL		
COUNTY OF 1	· ·			
	,			
		atient Representative for		
	sworn upon oath, sa	ys that the facts stated	$\mathtt{l}$ in the foregoing are	e true and
correct.		Ostel in the		
		(2) DIAN HALL	20/	<del>_</del>
→ Symbol	cribed and sworn to be	efore me, a Notary Public,	this 3101 day of	
( July	, 2017.		01 01 1	
		<u> </u>	111. STOND	_
My Commiss:	ion Expires:		Anin Notary Public	:
March	DV. 2019	A Resident of $\mathcal{L}$	County	
f / Conso oc	= () (XU )			
		for perjury, that I have his document, unless requi		to redact
			27 20	
This Instru	ument Prepared By:	Parla P. Pitas Britan	at Tax	_
		Earle F. Hites, Attorney a		
A	MOUNTS 35	8700 Broadway, Merrillvill	10, IN 40410	
	ASHCHARGE		And the second s	ciar aliter
-	HECK#_2/758		Official Seal	200
Ċ	OVERAGE	-	LISA M. STONE Resident of Lake Count	iy, IN B
C	COPY		My commission expire	s
	NON-COM		March 24, 2019	11

264793

COPY... NON-COM\_ CLERK\_\_\_