## 2017 043357

2017 JUL 14 PM 1: 12

MICHAEL B. BROWN RECORDER

#101393181

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264797

TO:



Return To:

PATRICK FREEZE

Hodges & Davis, P.C.

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

Patient:	PATRICK FREEZE	Attorney:	
	1153 BURNS BOULEVARD		
	BURNS HARBOR, IN 46304		1
Recorder of	Lake County, Indiana	Indiana Depa	artment of Insurance
	Government Center		ngton Street
_	Main Street	Suite 300	
Crown Point	, Indiana 46307	Indianapolis	s, Indiana 46204
IN 46402, i hospital ca	intends to hold a Hospit re, treatment or maintena	al Lien for all reasona ance of the above listed	
1. and was dis	The patient was admitted charged from the hospital The amount due for hospi	to the hospital on JUNE on JUNE 21 1, 2017	E 11 , 2017
2.	The amount due for hospi	tal care, treatment or m	laintenance during the
(\$ 19,	200.48 Dollars.	This amount is subject	to reduction for any benefits
			tract, health plan, or medical
insurance, other benef		yments, contractual adj	ustments, write-offs, and any
3.	To the best of the Hospi	ital's knowledge, the pat	ient or the patient's
			dividuals and/or entities are
	damages arising from the	ie patient's illness of	r injury causing the hospital
stay:			
This	Lien is being filed purs	uant to the Hospital Lie	n Law, I.c. Section 32-33-4 in
			ital is located, within ninety
			1. The undersigned individual
executing t	this instrument, having	been duly sworn upon	oath, under the penalties of
perjury, hereby states that the Hospital intends to hold the Hospital Lien as described			
above and that the facts and matters set forth in the foregoing statement are true and			
correct.		THE METHODIST HOSE	TEXT S INC
		THE PROPERTY AND A SECOND	) a a a a
		(1) DYNA ON LOOK	a 1000000000000000000000000000000000000
STATE OF IN		MEIJISSA VASQ	QUEZ
COUNTY OF L	) SS: \_		
COUNTY OF L	ARE )		
			sentative for The Methodist
Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing			
are true an	d correct.	1 Nellina	Vanna
	,	(2) JULION MELISSA VASO	OTIE Z
_ Subsc	ribed and sworn to before		
- June	<u> </u>	A. to M	chain
My Commissi	on Expires:		Notary Public
Manch	24,2019	A Resident of	Dall County
T affirm v	under the nemalties for	neriury that I have ta	ken reasonable care to redact
	security number in this		
This Instru	ment Prepared By:		
		le F. Hites, Attorney at	Law
	8700	D Broadway, Merrillville,	IN 46410
NOWA	VIS 25		
CASH	CHARGE	generally accomplished and the	Official Seal
CHECK	(#_d/)30_	A CANADA	A LISA M. STONE
OVER/	AGEE	₹ (= (SEAL)	Resident of Lake County, IN My commission expires
CÔPY		TOTAN	March 24, 2019