2017 043359

2017 JUL 14 PM 1: 12

MICHAEL B. BROWN RECORDER

#202566880

Return To:

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

	SWORN STATEMENT &			HOSPITAL LIEN	
TO: Patient:	TALEIA Y LOCKETT TALEIA Y LOCKETT 7640 WRIGHT ST MERRILLVILLE, IN	-THOMAS Atto	rney:	· · · · · · · · · · · · · · · · · · ·	
Lake Count 2293 North	of Lake County, India ty Government Center n Main Street nt, Indiana 46307		Indiana Departme 311 W. Washingto Suite 300 Indianapolis, Ir	on Street	
IN 46402, hospital of 1. and was displayed above hospital of 2. above hospital in and credit and credit 3. legal rep	are hereby notified intends to hold a state, treatment or ma The patient was addescharged from the notice of the amount due for distallization is none; and the state of the state of the best of the resentative claims to damages arising from the best of the reduction of the state of the resentative claims to the damages arising from the state of the resentative claims to the state of the stat	dospital Lien for intenance of the pocume mitted to the hospital care, thousand six hundred to terms to tarns t	r all reasonable above listed patients. Spital on June 24 2017 treatment of maint dred eight two & reduction for standard each tent of the standard each tent of the patient of named indivision above the patient of	and necessary chargent as follows: 2017 tenance during the 20/100 any benefits to whilan, or medical insuffs, and any other berefor the patient's duals and/or entiti	 .ch the urance, nefit.
This the Office (90) days a executing perjury,		the County in was discharged from aving been duly he Hospital Intermatters set for THE 1	hich the Hospital m the Hospital. sworn upon oath Mds to hold the	is located, within The undersigned indicated i	ninety ividual ies of scribed
COUNTY OF	LAKE)				
I D being dul correct.	ian Hall , being a y sworn upon oath,	says that the f	acts stated in the	Methodist Hospitals, he foregoing are tr	Inc.,
My Commiss	scribed and sworn to, 2017. sion Expires:	before me, a Not-	MAC Sident of Sident of	day of Notary Public County reasonable care to	redact
each socia	al security number in rument Prepared By:	Earle F. Hites		/ law.	
Notary F State	A A ROSE Public - Seal of Indiana County	AMOUNT \$ 25 CASHCHARGE	-		

CASH____CHECK#__

OVERAGE COPY.___ NON-COM_

CLERK 75

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264800

My Commission Expires Apr 23, 2022