2017 043360

2017 JUL 14 PH 1: 12

MICHAEL B. BROWN RECORDER

#202566951

Return To:

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

SWORN STATEMENT	& NOTICE OF INTENTION TO HOLD HOSPITAL LIEN
TO: FRANCIS TAYLOR Patient: FRANCIS TAYLOR 8406 GOLDENROD O MERRILLVILLE, IN	
Recorder of Lake County, Ind. Lake County Government Cente: 2293 North Main Street Crown Point, Indiana 46307	
IN 46402, intends to hold a hospital care, treatment or in the last and was discharged from the last 2. The amount due above hospitalization is This am (\$952.81) Dollars. This am	or hospital care, treatment or maintenance during the neghundred fifty two & 81/100 yes to be subject to reduction for any benefits to which the
and credits for all payments 3. To the best of the legal representative claims	contractual adjustments, write-offs, and any other benefit. The Hospital's knowledge, the patient or the patient's that the following named individuals and/or entities are from the patient's illness or injury causing the hospital
the Office of the Recorder (90) days after the patient we executing this instrument, perjury, hereby states that	of the County in which the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within ninety was discharged from the Hospital. The undersigned individual having been duly sworn upon oath, under the penalties of the Hospital intends to hold the Hospital Lien as described d matters set forth in the foregoing statement are true and
STATE OF INDIANA)	MOIANA MOIAN Hall
COUNTY OF LAKE	
	says that the facts stated in the foregoing are true and (2) Dian Hall
Subscribed and sworn to 2017. My Commission Expires:	before me, a Novary Public, this day of Notary Public
Mpn/33,2002	A Resident of Logical County
	es for perjury, that I have taken reasonable care to redact in this document, unless required by law.
This Instrument Prepared By:	Earle F. Hites, Attorney at Law 8700 Broadway Merrillyille IN 46410

DEBRA A ROSE Notary Public - Seal State of Indiana Lake County My Commission Expires Apr 23, 2022

AMOUNT \$. CASH___ CHECK# E OVERAGE. COPY_ NON-COM CLERK_

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