STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

## 2017 043361

2017 JUL 14 PM 1: 12

MICHAEL B. BROWN RECORDER

#202567307

264802

## Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	GABRIEL R PIONTEK GABRIEL R PIONTEK 3854 MARSHALL	Attorney:	
Lake County 2293 North	GARY , N 46408  f Lake County, Indiana y Government Center Main Street t, Indiana 46307	311 W. Suite	na Department of Insurance Washington Street 300 napolis, Indiana 46204
IN 46402, hospital call and was discall above hospital (\$5999.79) patient is	intends to hold a Horare, treatment or main The patient was admisscharged from the hosp The amount due for hitalization is privertable. This amoun entitled under that	tenance of the above I tenance of the housand nine bundred of the subject to reduce I is su	2017 2017 Tor maintenance during the
3. legal repr	To the best of the H	ospital's knowledge, to the following name	the patient or the patient's and/or entities are ness or injury causing the hospital
the Office (90)days as executing perjury, he	of the Recorder of the fiter the patient was this instrument, have ereby states that the	he County in which the discharged from the Heing been duly sworn Hospital threeds to atters set forth in t	al Lien Law, I.C. Section 32-33-4 in e Hospital is located, within ninety ospital. The undersigned individual upon oath, under the penalties of hold the Hospital Lien as described he foregoing statement are true and ST HOSPITALS, INC.
STATE OF IN	) ss:	(1) BY Dian F	Hall
I Di being duly correct.	an Hall , being a <u>Pa</u> sworn upon oath, sa	atient Representative ys that the facts st (2)	for The Methodist Hospitals, Inc., ated in the foregoing are true and
-GM/	cribed and sworn to be, 2017. ion Expires:	Dian Hall fore me, a Notary Publ	Notary Public
	under the penalties f l security number in t		ave taken reasonable care to redact required by law.
DEBRA Notary Po State o Lake		Earle F. Hites, Attorn 8700 Broadway, Merrill AMOUNT\$ 25 CASH CHARGE OVERAGE COPY NON-COM	

CLERK 15