STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 046419

2017 JUL 26 PM 1: 12

MICHAEL B. BROWN RECORDER

#101405607

NON-COM\_ CLERK\_\_\_\_

265231

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

TO:	DONETTA	RHABURN					
Patient:	DONETTA	RHABURN		Attorney:			
	614 POLK	ST		_			
	GARY, IN	46402					
		inty, Indian	a			t of Insurance	
Lake County Government Center 311 W. Washington Street							
2293 North Main Street Suite 300							
Crown Point	, Indiana	a 46307		India	napolis, Indi	lana 46204	
IN 46402, hospital carlospital	intends to are, treated the patischarged of the amount alization of the Reference of this installation of the Reference of this installation of the Reference o	ent was adment or maintent was admented to the form the hos and the form is Thest aris. It is entitled to the eclaims the arising from the patient was arounent, has	tenance of DOCU itted to the ittel to the hospital can be said to the ittel to the ittel to the county discharged ving been with the county discharged wing been with the county discharged with the county discharged wing been with the county discharged wing been with the county discharged wing been with the county discharged	the above the hospital to the Hospital contracture the Hospital contrac	reasonable ar listed patier of July 5 2017 and or mainter of the reduct of the patient of all adjustmen the patient of individuations or injurial Lien Law, he Hospital in lospital. The upon oath,	600 Grant Strand necessary of the strand follows:  2017  Dance during the strand for any beauth plan, write-offs and/or enter causing the strand for the patient's and/or enter causing the strand for the period under the period Lien as	he benefits to or medical s, and any s atities are he hospital 32-33-4 in thin ninety individual nalties of
			natters set	THE METHODI	ST HOSPITALS	statement ar	
STATE OF IN	NDIANA	) ) ss:		DIAN	HALL		
COUNTY OF I	LAKE	)					
I DI being duly correct.	AN HALL, sworn up	being a <u>Pa</u> pon oath, s	ays that the (2)	ne facts st	for The Met	thodist Hospit foregoing are	als, Inc., e true and
Subsc	cribed and	d sworn to b		DIAN HALL Notary Pub	lic, this	13 day of	
July	, 2017	1.		BU	in Mist	one	
My Commissi	_			A Resident	of Sal	Notary Public	
Mond	124,0	2019	•	A Nesidenc	01 // //	<u>cc</u> country	
					nave taken re required by l	easonable care law.	to redact
This Instru	ument Prep	pared By:		ites, Attor way, Merril	ney at Law lville, IN 46		_
	AMOUNT \$CASHCHECK #OVERAGE	CHARGE 21786	E		SEAL STANK	Official Seal LISA M. STONE Resident of Lake Cou My commission expir March 24, 2019	inty, IN