STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 046420

2017 JUL 26 PM 1: 13

MICHAEL B. BROWN RECORDER

#101404186

Return To:

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

	SWORN STATEMENT & NO	TICE OF INTENTION TO	HOLD HOSPITAL LIEN
TO: Patient:	CATHY VLAMOS CATHY VLAMOS P.O.BOX 68520 GARY , IN 46401	Attorney:	
Lake Coun 2293 Nort	of Lake County, Indiana ty Government Center h Main Street nt, Indiana 46307	311 W. Wa Suite 300	epartment of Insurance shington Street lis, Indiana 46204
IN 46402, hospital 1. and was d 2. above hos (\$ 1230. which the insurance other ben 3. legal repliable fostay: Thi the Offic (90) days executing perjury,	intends to hold a Hosp care, treatment or mainted. The patient was admitted ischarged from the hospited is amount due for hospitalization is one thouse the patient is entitled under and credits for all patient. To the best of the Hospited arising from the second of the Recorder of the after the patient was distributed this instrument, having hereby states that the Hospited Purchaster of the after the patient was distributed to the second of the after the patient was distributed to the second of the after the patient was distributed to the second of the after the patient was distributed to the second of the after the patient was distributed to the second of the after the patient was distributed to the second of the after the patient was distributed to the second of the after the patient was distributed to the second of the second	nance of the above list along the mospital of the policy of the mospital of the policy of the patient's knowledge, the the following named the patient's illness of the policy of the p	rmaintenance during the dollars & 58/100 by Feduction for any benefits to ontract, health plan, or medical adjustments, write-offs, and any patient or the patient's and/or entities are or injury causing the hospital causing the hospital tal. The undersigned individual noath, under the penalties of the Hospital Lien as described foregoing statement are true and
STATE OF) ss:	(1) NOTAL STAN HALL	
being dul correct.	y sworn upon oath, says	that the facts stated (2) DIAN HALL	The Methodist Hospitals, Inc., d in the foregoing are true and this this the
1	J, 2017. sion Expires: N 2 V, 2019	A Resident of Z	MeSfone Notary Public Same County
each soci	al security number in thi		taken reasonable care to redaction ired by law.
inis inst		rle F. Hites, Attorney 00 Broadway, Merrillvil	

265230

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