STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 046427

2017 JUL 26 PM 1: 13

MICHAEL B. BROWN RECORDER

#202554874

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: MARCUS ARNOLD MARCUS ARNOLD Attorney: Theodoros & Rooth Patient: 8750 Broadway, Ste A Merrillville, IN 46410 1618 HOMAN DR SCHERERVILLE, IN 46375 Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 311 W. Washington Street 2293 North Main Street Suite 300 Indianapolis, Indiana 46204 Crown Point, Indiana 46307 You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows: The patient was admitted OCH hospital is JUNE 13 and was discharged from the hospital on JUNE 13 , 2017

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is NINETEEN THOUSAND THIRTY-TWO ZZ/100

19.032.22

The land the plan or medical to which the patient is entitled Inder the terms Reconstruct, health plan, or medical insurance, and credits for all payments, contractual adjustments, write-offs, and any other benefit. 3. To the best of the Rospital's knowledge, the patient or the patient's legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which the Hospital is located, within ninety (90)days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been duly sworn upon oath, under the penalties of perjury, hereby states that the Hospital intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct. THE METHODIST HOSPITALS, INC. STATE OF INDIANA COUNTY OF LAKE MELISSA VASQUEZ _, being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) VASQUEZ Public, this pbscribed and sworn to before me, a Notary _, 2017. mission Expires: Notary Public I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

This Instrument Prepared By:

Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410

AMOUNT \$ CHARGE CHECK # 2/786 COPY NON-COM CLERK

Official Seal
LISA M. STONE
Resident of Lake County, IN
My commission expires
March 24, 2019