STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 046429

2017 JUL 26 PH 1: 13

Acct#101396566

MICHAEL B. BROWN RECORDER

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

TO:	Keon Jones			_
Patient:	Keon Jones	Attorney:		
	1011 W. 54th Ave.			
	Merrillville, IN 4	<u>64</u> 10		
	f Lake County, Indiana	India	ana Department of Insurance	
	y Government Center		W. Washington Street	
	Main Street		e 300	
Crown Poin	t, Indiana 46307	India	anapolis, Indiana 46204	
IN 46402,	intends to hold a Ho are, treatment or main	spital Lien for all tenance of the above	SPITALS, INC., 600 Grant Str reasonable and necessary c listed patient as follows:	eet, Gary, harges for
1.	The patient was admi	tted to the hospital	on June 17 , 2017	_
	scharged from the how	italian June 17	2017	
benefits t or medical	italization is favent 17,543.71  o which the patient insurance, and credi	een thousand five hur Doctars This and the Entire Country Re	ndred forty three dollars & bunt is subject to reduction to the contract, he contractual adjustments, w	71/100 on for any alth plan,
and any ot	her benefit.	lognital/a knowlodgo	the patient or the patient'	
legal repr	resentative claims tha	at the following name	ned individuals and/or en lness or injury causing th	tities are
the Office (90)days a executing perjury, h	e of the Recorder of to fter the patient was this instrument, hav dereby states that the	he County in which to discharged from the ing been only sworn Hospital Intence to atters ser forth in	tal Lien Law, I.C. Section he Hospital is located, with Hospital. The undersigned upon oath, under the per hold the Hospital Lien as the foregoing statement are upon to the statement are upon to the hold the Hospital Lien as the foregoing statement are upon to the foregoing statement are upon to the hospitals, INC.	hin ninety individual nalties of described
STATE OF I	NDIANA ) ) ss:	The state of the s	MILICA DAMJANOVIE	
COUNTY OF	LAKE )			
_			ent Representative for The hat the facts stated in the MILICA DAMJANOFIC	
zuy	cribed and sworn to be, 2017.	fore me, a Notary Puk	olic, this day of	_
My Commiss	ion Expires:	A-Resident	of County	
	under the penalties to a security number in to		have taken reasonable care required by law.	to redact
This Instr	ument Prepared By:	Earle F. Hites, Attor	rney at Law	
		8700 Broadway, Merril	-	

CASH.

CHECK#\_

OVERAGE. COPY.\_ NON-COM\_

CLERK\_\_\_

265241

State of Indiana

Lake County

My Commission Expires Apr 23, 2022