STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 JUL 31 PM 1: 22

MICHAEL B. BROWN RECORDER

202554463

CLERK\_\_\_\_

265284

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

2017 047364

TO:		Lockett					
Patient:	Destiny 2 Helena		Atto	orney:			
		ville, IN 4	6375			3	
Recorder of Lake County 2293 North Crown Point	Governmen Main Stree	et		311 W. Was Suite 300	epartment of shington Str lis, Indiana	eet	
IN 46402,	intends to re, treat	o hold a Ho ment or main	nat THE METHODI spital Lien for tenance of the cum tted to the ho	above list	onable and rad patient a	necessary cha	et, Gary, rges for
2. above hospi	The amountalization	nt due for h	ital on June ospital care, Decrease this amount of the last care the unit	treatment of	r Maintenanc		benefits
insurance, other benef	and cred	its for all	payments, co	ntractual a	adjustments,	write-offs,	and any
3. legal repre liable for stay:	esentative	claims tha	ospital's know at the followi m the patient	ng named	individuals	and/or enti	ties are hospital
the Office (90)days af executing the perjury, he	of the Retter the parties instead	ecorder of to eatient was rument, hav es that the	pursuant to the he County in w discharged from ing been dilly Hospital interactions.	thich the Ho the Hospi Sworn upon ender to hold the in the :	spital is 1 tal. The uncommonder the tale of the tale of the Hospital tale of the Hospital tale of the tale of tale of the tale of	ocated, withindersigned in der the pena al Lien as catement are	n ninety ndividual lties of described
STATE OF IN	IDIANA		(1) THE AVOIAN	NAAn	/-	uz ich	
COUNTY OF L	AKE	) ss: )		/			
I An Methodist H foregoing a		Inc., being	g duly sworn up	pon oath,	Patient Repays that the May De Anglie Djukio	is leh	for The
Subsc	ribed and, 2017		fore me, a Not	ary Public,	this 10	day of	
My Commissi	on Expire	s:		21019		tary Public	
March	21,20	19	A Re	sident of _	Lake	Count	ΞY
I affirm, each social	under the security	penalties :	for perjury, this document,	hat I have unless requ	taken reaso	onable care t	o redact
This Instru	ment Prep	ared By:	Earle F. Hites 8700 Broadway,			)	
C/ C O	MOUNT \$CH ASHCH HECK # VERAGE	ARGE	E		SEAL) Res	icial Seal M. STONE Ident of Lake County, commission expires	