STATE OF INDIANA
LAKE COUNTY
FILED FOR RECOND

2017 047366

2017 JUL 31 PM 1:22

MICHAEL B. BROWN RECORDER

#202570825

TO:

265578

Return To:

CASSANDRA BASS

Patient: CASSANDRA BASS

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

- 4 0 - 6 1 6 1	CHOOMINDIAN DADO	
	11733 PAUL REVERE COU	RT
	DEMOTTE, IN 46310	
D = = = = = = = = = = = = = = = = = = =	T - 1 - 0 T - 1'	
	Lake County, Indian	
	Government Center	311 W. Washington Street
2293 North	Main Street	Suite 300
Crown Point	, Indiana 46307	Indianapolis, Indiana 46204
IN 46402,	intends to hold a H	that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, ospital Lien for all reasonable and necessary charges for once of the above listed patient as follows:
noopical ca	ite, creatment of mai	Document is
1	The notions was a	
1.	The pattent was adm	itted to the hospital on JUNE 28 , 2017
and was dis	charged from the hos	dital on June 28 , 2017
2.	The amount due for	hospital care, treatment or maintenance during the
above hospi	talization is TELCHI	DEQUEARDED TWENTY TWEE 51/100
/\$ 0	522 []	The state of the s
()	322.51	iars. This amount is subject to reduction for any benefits
to which th	e patient is entit	lars. This amount is subject to reduction for any benefits to make the unity Reconficient to health plan, or medical
insurance,	and credits for al	l payments, contractual adjustments, write-offs, and any
other benef		Table and the state of the stat
3.		
		Hospital's knowledge, the patient or the patient's
		nat the following named individuals and/or entities are
liable for	damages arising fr	om the patient's illness or injury causing the hospital
stay:		in the state of th
scay.		
mı ·	- 1 1 1 1 1	
		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 af	ter the patient was	discharged from the Hospital The undersigned individual
ovoquting d	this instrument ha	discharged from the Hospital. The undersigned individual ving been dilly sworn upon oath, under the penalties of
executing	this instrument, na	ving been outly sworn upon oath, under the penalties of
perjury, he	ereby states that th	e Hospital Intende to hold the Hospital Lien as described
above and t	that the facts and i	matters statement are true and
correct.		
		THE METHODIST HOSPITALS, INC.
		THE METHODIST HOSPITALS, INC.
		100000000000000000000000000000000000000
		(1) WOIAN WELL COUNTY
STATE OF IN	DIANA)	MELISSA VASQUEZ
) ss:	
COUNTY OF L	***	
0001111 01 11	,	
I	MELISSA VASQUEZ	, being a Patient Representative for The Methodist
Hospitals,	Inc., being duly swe	orn upon oath, says that the facts stated in the foregoing
are true an	d correct.	$\sim 10^{-1}$
		(2) Shellma Pasques
		MELISSA VASQUEZ 20 THE
Subsc	ribed and sworn to b	efore me, a Notary Public, this Olive Gay of
Mills	, 2017.	-0: 60 01
7		Buca Di (Ra)
Mir Commissai	on Expires:	Notary Dublic
My COMMITSSI		Notary Public
Men	hay 2019	A Resident of County
1 1000	1194 XUL	
I affirm, ι	under the penalties	for perjury, that I have taken reasonable care to redact
		this document, unless required by law.
cacii boctat	becariey number in	child accument, united required by item.
This Instru	mont Drongrad D	2
IIIIS IIISCIU	ment Prepared By:	
		Earle F. Hites, Attorney at Law
	25	8700 Broadway, Merrillville, IN 46410
Δ	MOUNT\$ 25	
		publication of marketing the state of the st
	ASHCHARGE	Official Seal
C	HECK# 2/196	LISA M. STONE
Ω	VERAGE	(SEAL) Resident of Lake County, IN
		My commission expires
	OPY	March 24, 2019
N	ON-COM	Committee of Broad & in which the wall the wall to
5.7	OIV-COIVI	
	LERK	