STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 072769

2017 OCT 27 PM 12: 09

#101444294

268564

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: Patient:	JAMES A ENGLAND JAMES A ENGLAND 6945 PATRICIA LN #N301 HAMMOND, IN 46323	Attorney:		
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 V Suite	nna Department of V. Washington Stre e 300 anapolis, Indiana	et
IN 46402, i	re hereby notified that intends to hold a Hospi re, treatment or mainten	tal Lien for all nance of the above	reasonable and ne listed patient as	ecessary charges for follows:
above hospi (\$\frac{7}{1},\text{to which th}	The patient was admitted charged from the hospital The amount due for hospitalization is SEVEN THO 026.92) Dollars e patient is entitled in and credits for all pages	ital care, treatments of the care, treatments of the care, treatments of the care, treatments of the care,	ent or maintenance 92/100 subject to reduct any contract, hea	during the ion for any benefits lth plan, or medical
other benef 3. legal repre	_	oital's knowledge, the following nam	the patient or the	e patient's and/or entities are
the Office (90) days af executing to perjury, he	Lien is being filed pursof the Recorder of the ter the patient was dischis instrument, having treby states that the Hothat the facts and matt	County in which to charged from the been duly sworn ospital intends to ers set forth in	he Hospital is lo Hospital. The un upon oath, unde hold the Hospita	cated, within ninety dersigned individual er the penalties of al Lien as described tement are true and
STATE OF IN) ss:		SA VASQUEZ	Signey .
	MELISSA VASQUEZ , Inc., being duly sworn d correct.	upon oath, says th	hat the facts sta	for The Methodist ted in the foregoing
Dentsc My Commissi	ribed and sworn to befor , 2017.		ha a	Any of Any of ary Public
I affirm, t	1/3/2077 under the penalties for		of	County
	ment Prepared By:	cle F. Hites, Attor		
No My Commis		OO Broadway, Merril AMOUNTS CASH CHECK#	llville, IN 46410	

CHECK#_

OVERAGE. COPY_ NON-COM. CLERK_

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