## STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 043928

2019 JUL 18 PM 1:30

MICHAEL B. BROWN RECORDER

101612900

288432

TO:

Return To:

Cardenas Rodriguez

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

	Cardenas Rodrigue: 234 E 37th Ave Lot Hobart, IN 46342		
Lake County 2293 North M	Lake County, Indian Government Center Main Street Indiana 46307	311 W Suite	na Department of Insurance . Washington Street 300 napolis, Indiana 46204
IN 46402, in hospital car  1. and was disc 2. above hospit (\$ 3 benefits to or medical is and any othe 3. legal representations.)	The patient was adm. The patient was adm. The amount due for alization is Thirt. B1,097.65  which the patient and credit or benefit. To the best of the sentative claims the sent	pospital Lien for all intenance of the above of the hospital of the are, treatment of the above	on May 89 , 2019
This L the Office of (90)days aft executing the perjury, her	of the Recorder of the ser the patient was this instrument, have seby states that the nat the facts and management of the service of the serv	the County in which the discharged from the Having been duly scorn to Hospital intends to the forth of the control of the cont	Tal Lien Law, I.C. Section 32-33-4 in the Hospital is located, within ninety lospital. The undersigned individual upon oath, under the penalties of hold the Hospital Lien as described the foregoing statement are true and ST HOSPITALS, INC.
Methodist Ho	e Djukich spitals, Inc., bein e true and correct.		a <u>Patient Representative</u> for The h, says that the facts stated in the
My Commissio	, 2019.	A Resident	Stone Notary Public
I affirm, ur each social	nder the penalties security number in tent Prepared By:	for perjury, that I has document, unless to the first document, unless to the first document, and the first document, and the first document document document.	Attorney at Law