MICHAEL B BROWN RECORDER

2019-072287

2019 October 23

8:31:57 AM

LIEN

State of Indiana

**County of Lake County** 

Be it known, that the undersigned lien claimant, Great Lakes Healthcare Center located at 2300 Great Lakes Drive in Dyer located in the county of Lake County in the State of Indiana with the zip code of 46311-1917 hereby files a claim for a Lien against Thompson Horde located at 4321 West 21<sup>st</sup> Place in Gary located in the County of Lake in that State of Indiana in the zip code 46404 and hereinafter referred to as the "Owner" and any other persons, lenders, creditors, or entities that have or may have a claim or interest in the below described real estate, and in support thereof states as follow:

BE IT KNOWN, that on October 7, 2019 the aforementioned Owner, did own the following described real estate property located in the County of Lake, in that State of Indiana to wit: The property being located at 4321 West 21st Place in the City of Gary, Indiana 46404. And together with improvements and other buildings, if any, is hereinafter referred to as the "Premises" with said real estate having the permanent index identification number of 45-08-18-104-001.000-004 and the legal property description as follows:

the Lake County Recorder!

TARRYTOWN 2<sup>ND</sup> SUB. L.1 BL.6

On, March 1, 2019 the lien claimant entered into agreement for services with the aforementioned Owner for the total amount of \$2540.90 which became due and payable for the services of said Nursing Home.

The Lien Claimant hereby states and affirms that there is a total outstanding balance of \$2540.90 in which the aforementioned party has neglected and, after repeated collection attempts, refuses to submit payment. It is due to the Owner's breach of agreement that the Claimant is entitled to have imposed a lien on the aforementioned and here in described property, for the total outstanding sum owed, in addition to any interest and collection costs allowable by law pursuant to the State of Indiana Statutes.

This is the

**1** 

day of October

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Prepared by
Great Lakes Healthcare Center
c/o CBC-Shannon Holt
PO Box 5187
Kingsport, TN 37663
844-588-8861

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State of Tennessee	
County of Sullivan	1

The affiant, Shannon Holt, being duly sworn, on oath and deposes and says that she is a representative of the Lien Claimant and that she has read the foregoing claim for the lien and knows the contents thereof, and that all statements therein contained are true and correct to the best of her knowledge.

Sworn to and subscribed before me this the late Conday of Restriction of Sworn to and subscribed before me this the late Conday of Restriction of Shannon Holt, Affiant

Shannon Holt, Affiant

State

OF DIE NOTARY

PUBLIC

## **STATEMENT**

**Great Lakes Healthcare Center** 2300 Great Lakes Drive Dyer, IN 46311-1917 (219) 322-3555

Resident: Horde, Thompson (I410417)

Location:

Statement Date: 10/1/2019 Payment Due Date: 10/10/2019

ALL TRANSACTIONS PROCESSED AFTER Sep 20, 2019 WILL APPEAR ON YOUR NEXT STATEMENT

**Thompson Horde** 1860 W 57th Ave Merrillville, IN 46410

Amount Due \$2,540.90

PLEASE DETACH AND RETURN WITH YOUR PAYMENT

Amount Enclosed \$

**Great Lakes Healthcare Center** 2300 Great Lakes Drive Dyer, IN 46311-1917 (219) 322-3555

Resident: Horde, Thompson (I410417)

Location:

Statement Date: 10/1/2019 Payment Due Date: 10/10/2019

**Effective Description** <u>Date</u>

**BALANCE FORWARD** 1/1/2018 Respiratory Therapy (RT)

**BALANCE DUE** 

<u>Units</u> Unit Amount

\$25.00

**Amount** 

Document is

\$2,840.90 (\$300.00)

NOT OFFICI<del>AL!</del>

\$2,540.90

This Document is the preperty of the Lake County Recorder!