2019-086307

2019 Dec 13

9:38 AM

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD MICHAEL B BROWN RECORDER

101646578

NON-COM_ CLERK______

295442

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Jacqueline Outlar Jacqueline Outlar 1179 Hovey St Gary, IN 46406	Attorney:	
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W. Suite 3	Department of Insurance Washington Street 800 Ppolis, Indiana 46204
IN 46402, i	intends to hold a Hosp	ital Lien for all re	TALS, INC., 600 Grant Street, Gary, asonable and necessary charges for sted patient as follows:
and was dis 2. above hospi (\$ 3,	charged from the hospit The amount due for hos talization is Three The 226.11 Dollar	pital care, treatment cusand Two Hundred Two Strates Survey S. This amount is su	or maintenance during the enty-Six and 11/100 bject to reduction for any benefits
insurance, other benef 3.	and credits for all it. To the best of the Hos	unake the taims become payments, contractual spital's knowledge, the	y contract, health plan, or medical adjustments, write-offs, and any patient or the patient's
liable for stay:	damages arising from	the patient's illne	individuals and/or entities are or injury causing the hospital lien Law, I.C. Section 32-33-4 in
the Office (90)days af executing t perjury, he	of the Recorder of the ster the patient was dithis instrument, having reby states that the R	County in which the scharged from the Hose g been duly sworn to hospital intends to hotels set forth in the	Hospital is located, within ninety spital. The undersigned individual upon oath, under the penalties of old the Hospital Lien as described e foregoing statement are true and
STATE OF IN		(1) YOUNA LILE	ngu pula luh ngu piuk ch
COUNTY OF L	AKE)		
Methodist H	rie Djukich Mospitals, Inc., being re true and correct.	duly sworn upon oath (2)	a <u>Patient Representative</u> for The says that the facts stated in the
Abven Du	ribed and sworn to before 0 , 2019.		
My Commissi	on Expires: -24,-2027	A Resident of	Notary Public Lake County
	under the penalties for security number in thi		ve taken reasonable care to redact guired by law.
This Instru		regory A. Sobkowski, A	Attorney at Law ville, IN 46410
(MOUNT \$CHANGECHANGECHANGECOPY	0 - '	LISA STONE Notary Public - Seal Lake County - State of Indiana Commission Number NP0624702 My Commission Expires Mar 24, 2027