2019-086319

2019 Dec 13

9:42 AM

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

#101645665



Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	BRIA MONROE BRIA MONROE	Attorney:	
	4024 HOHMAN AVE HAMMOND, IN 46327	-	
Lake Count 2293 North	of Lake County, Indiana by Government Center of Main Street ot, Indiana 46307	311 W. W. Suite 30	Department of Insurance ashington Street O olis, Indiana 46204
IN 46402,		ital Lien for all reas	ALS, INC., 600 Grant Street, Gary, sonable and necessary charges for ted patient as follows:
above hosp 3,925.75 patient is and credit 3. legal repositions	The amount due for hos sitalization is Eight the Dollars. This remount is entitled under the term is for all payments, contained to the best of the Hos resentative claims that	pital care, treatment ousand nine hundred fwo is a relieved to the education of any contract, he ractual adjustments, we pital's knowledge, the the following named	or maintenance during the
the Office (90)days a executing perjury, h	e of the Recorder of the after the patient was di this instrument, having nereby states that the H that the facts and math	County in which the H scharged from the Hosp g been duly sworn up ospital intends to hol	Lale -
COUNTY OF	LAKE)		
		that the facts state (2) Warning	r The Methodist Hospitals, Inc., ed in the foregoing are true and
1 101400	gribed and sworn to befo	DIAN HAL	this ON day of
My Commiss	ion Expires:	A Resident of	Notary Public County
each socia	I security number in thi tument Prepared By: ${Gr}$		orney at Law
	AMOUNT \$ 25- CASH CHARGE CHECK # 23943 OVERAGE COPY	E	LISA STONE Notary Public - Seal Lake County - State of Indiana Commission Number NP0624702 My Commission Expires Mar 24, 2027

295682

COPY_ NON-COM_ CI_FRK____