## 2019-086334

2019 Dec 13

9:42 AM

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

#203139531



Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

| SWORN S   | PATEMENT & NOTICE   | OF INTENTIO  | N TO HOLD HOSP  | ITAL LIEN  |
|---|---|--|---|--|
| PATIENT: JENIKA 5750 ROO  | WILKINS WILKINS DSEVELT PLACE VILLE, IN 46410   | Attorney:  |   | <u> </u>   |
| Recorder of Lake County, Indiana<br>Lake County Government Center<br>2293 North Main Street<br>Crown Point, Indiana 46307 |   | 311 W<br>Suite   | na Department of<br>. Washington Stre<br>300<br>napolis, Indiana            | eet  |
| IN 46402, intends   | oy notified that THE to hold a Hospital atment or maintenance   | Lien for all :   | reasonable and n  | ecessary charges for   |
| and was discharged  2. The amore above hospitalization  | tient was admitted to<br>from the hospital or<br>ount due for hospital<br>on is Seven thousan   | n October 13<br>l care, treatmend seventy five   | nt or maintenance   | e during the   |
| and credits for all 3. To the legal representati  | This anount can denote the terms of payments, contract best of the Hospital ve claims that the arising from the                       | f any contract<br>ual adjustments<br>l's knowledge,<br>following name  | health plan,<br>write-offs, and<br>the patient or the<br>ed individuals     | any other benefit.<br>ne patient's<br>and/or entities and  |
| the Office of the (90)days after the executing this in perjury, hereby st   | being filed pursuan<br>Recorder of the Cour<br>patient was dischar<br>strument, having be<br>ates that the Hospi<br>facts and matters | nty in which the second of the | e Hospital is lo<br>lospital. The un<br>upon oath, undo<br>hold the Hospita | cated, within ninet<br>dersigned individual<br>er the penalties of<br>al Lien as describe<br>atement are true ar |
| STATE OF INDIANA COUNTY OF LAKE   | )<br>) ss:  | WOJANA DIAN  | HALL  |  |
| correct.  | upon oath, says tha   | t the facts st   | tated in the for  | ist Hospitals, Inc.<br>regoing are true an   |
| / 201   |   | e, a Notary Pub.   | lic, this 300   | _ day of   |
| My Commission Expir   | 0 -   | A Resident   |   | tary Public<br>County  |
|   | Gregory   | A.Sobkowski,   |   | nable care to redac  |

AMOUNT & CHANGE OF A CHANGE OVERAGE COPY NON-COM

LISA STONE Notary Public - Seal Lake County - State of Indiana Commission Number NP0624702 My Commission Expires Mar 24, 2027

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