

2020-083171

2020 Nov 17

9:00 AM

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

101787838

TO:

 $\sqrt{}$

Return To:

Jawann Fondren

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

NON-COM.

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Jawann Fondren	Attorney:	
	208 Marshall St	-	
	Gary, IN 46404		
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W. Washin Suite 300	tment of Insurance agton Street Indiana 46204
IN 46402, j		l Lien for all reasonab	INC., 600 Grant Street, Gary, le and necessary charges for atient as follows:
1. and was dis 2.	The patient was admitted charged from the hoppital The amount due for hospit	oh October 04 T, 2020	
above hospi $($$ 8, to which th	talization is right Thous 977.50) Dollars. e patient is entit tee un and credits for all pay	and Nine Hundred Seventy This amount is subject Le County Recorder	
3. legal repre	To the best of the Hospitesentative claims that the	ne following named ind:	ent or the patient's ividuals and/or entities are injury causing the hospital
the Office (90)days af executing to perjury, he	of the Recorder of the Content the patient was discribed instrument, having breby states that the Hosp	ounty in which the Hospit narged from the Hospital. been culk sworn upon of pital intends to hold th	/
STATE OF IN		(1) MOIANA MOIL Argie D	fight ch
COUNTY OF L	AKE)		
Methodist H	re true and correct.		ient Representative for The that the facts stated in the
DOJOD	<u>7</u> , 2020.	me, a Notary Public, thi	s Of Gay of
My Commissi	on Expires:	Resident of <u>Lake</u> My Commission No: _	Notary Public County
executed an	D DELIVERED in my presence	e [Witness's Signature]	DEBRA A ROSE Notary Public - Seal State of Indiana Lake County My Commission Expires Apr 23, 2022
Witness:	Lisa Stone	[Witness'e Printed	Name] AMOUNI \$ 25- CASHCHRIST
			OHECK#

305248

Before a Notary Public in and for said County and State, personally appeared __[Witness's Name], being know to me to be the person whose name is subscribed as a witness to the foregoing instrument, who, being duly sworm by me, deposes and says that the forgoing instrument was executed and delivered by patient representative of The Methodist Hospitals, Inc. in the above-named subscribing witness's presence, and that the above-named subscribing witness is not a party to the transaction described in the foregoing instrum l not receive any interest in or proceeds from the property This Document is the property 2020 Witness my hand and the Lake County Recor DEBRA A ROSE Notary Public - Seal State of Indiana Public Lake County My Commission Expires Apr 23, 2022 Resident County My Commission Expires My Commission Number: have taken reasonable care to redact I affirm, under the penalties for pe law. each social security number in this This Instrument Prepared By:

8700 Broadway,

Merrillville, IN 46410

STATE OF INDIANA)

)SS: