2020-083176

2020 Nov 17

9:00 AM

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

101770947

305463

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Hodges & Davis, P.C.

CLERK.

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

IO: Patient:	CAROLYN D DENNIS CAROLYN D DENNIS 963 CLINTON ST GARY, IN 46406	Attorney:	
Lake Count 2293 North	of Lake County, Indian Ty Government Center In Main Street Int, Indiana 46307	311 W. Suite 3	Department of Insurance Washington Street 00 polis, Indiana 46204
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:			
above hosp (\$ patient is and credit 3.	The amount due for citalization is 1,661.00 This amount the series for all payments, to the best of the	itted to the hospital on the hospital on september 13, hospital care, treatment HODSAND SIXTUNDRIDESTY COLOR TO THE MET OF THE COLOR TO THE MET OF THE COLOR THE MET OF THE MET	2020 or maintenance during the your 00 000 ction for any benefits to which the medical insurance, write-offs, and any other benefit. e patient or the patient's
			individuals and/or entities are ss or injury causing the hospital
the Office (90)days a executing perjury, h	e of the Recorder of after the patient was this instrument, ha hereby states that th	the County in which the discharged from the Hos ving been duly sworn u e Hospital (htaks to ho	Hospital is located, within ninety spital. The undersigned individual pon oath, under the penalties of old the Hospital Lien as described a foregoing statement are true and HOSPITALS, INC.
STATE OF I) ss:	MOLANIAMERONY	DOMDETT
Hospitals, are true a	ANTHONY DOWDELL Inc. JEBRA A ROSE and Rosary Public - Seal State of Indiana Lake County	Orn upon oath, says that	Notary Public County
EXECUTED AND DELIVERED in my presence			
Umque	Sjort ich	[Witness's Signatu	re]
Witness:	Ingré Djukich	[Witness'e Pr	ANOUNIS 25- CASH CHECK# 24814

Before a Notary Public in and for said County and State, personally appeared whitness's Name], being know to me to be the person whose name is subscribed as a witness to the foregoing instrument, who, being duly sworn 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 not receive any interest in or proceeds from the property the NThis Document is the proper Witness my hand and DEBRA A ROSE the Lake County Recor Notary Public - Seal State of Indiana Lake County My Commission Expires Apr 23, 2022 My Commission Expires: My Commission Number: I affirm, under the penalties for per try have taken reasonable care to redact each social security number in this dod This Instrument Prepared By:

8700 Broadway, Merrillville, IN 46410

STATE OF INDIANA)

)SS: