

NOTICE OF CLAIM OF LIEN FOR EMERGENCY SERVICES

Northwest Indiana Hospital, LLC, & NW INDIANA EP, LLC VS Burrell, Roosevelt  
Claimant Patient

Unknown to Claimant  
Tortfeasor

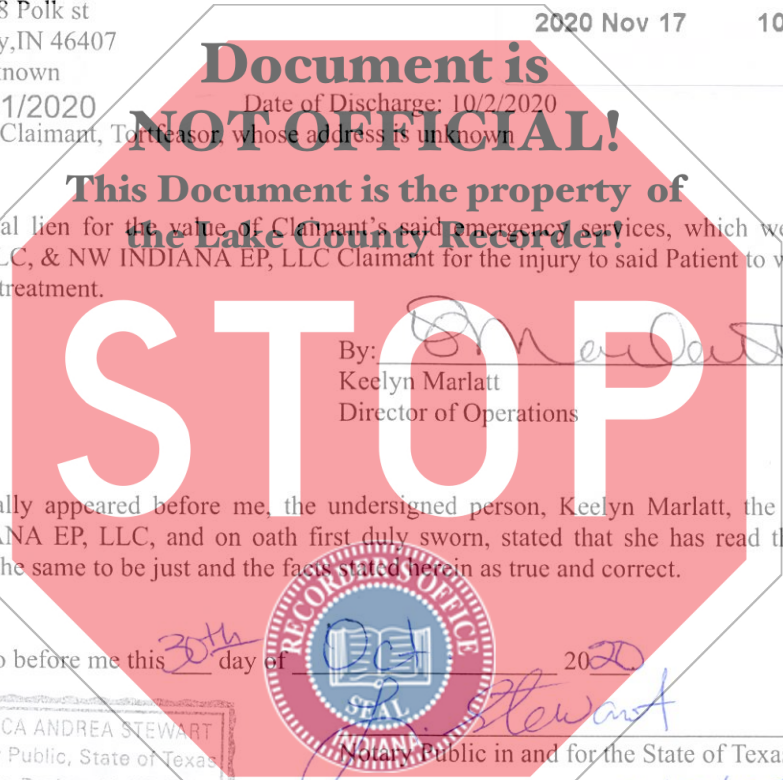
NOTICE IS HEREBY GIVEN, pursuant to The Indiana Statues, Title 32 "Property 32-33-4-4," that the above referenced Claimant has performed emergency medical services for the patient listed above and now files this Notice of Claim of Lien for unpaid fees related to that care. The pertinent information as required under Title 32 is as follows:

Claimant: Northwest Indiana Hospital, LLC, & NW INDIANA EP, LLC  
Address of Service: 7904 Cabela Drive  
Hammond, IN 46324  
Patient: Burrell, Roosevelt NWIH4061-1  
Last Known Address: 2688 Polk st  
Gary, IN 46407  
Place of Injury: Unknown  
Date of Injury: 10/01/2020  
Fault of: Unknown to Claimant, Tortfeasor whose address is unknown  
Charges: \$100,000.00

2020-083233

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

2020 Nov 17 10:14 AM



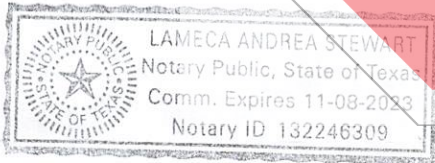
The Claimant claims a hospital lien for the value of Claimant's said emergency services, which were rendered as necessary by Northwest Indiana Hospital, LLC, & NW INDIANA EP, LLC Claimant for the injury to said Patient to wit: Patient was involved in an accident and received medical treatment.

By: Keelyn Marlatt  
Keelyn Marlatt  
Director of Operations

STATE OF INDIANA  
COUNTY OF: Lake

On this date, personally appeared before me, the undersigned person, Keelyn Marlatt, the agent for Northwest Indiana Hospital, LLC, & NW INDIANA EP, LLC, and on oath first duly sworn, stated that she has read the foregoing, is aware of the contents thereof, and believes the same to be just and the facts stated herein as true and correct.

SIGNED and sworn to before me this 30th day of October 2020  
Lameca Andrea Stewart  
Notary Public in and for the State of Texas

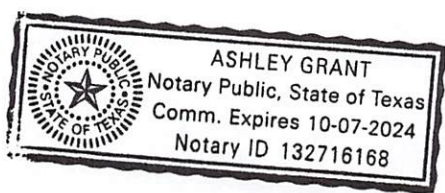


My commission Expires: 11/8/23  
Witness: Tennysha Stewart  
Tennysha Stewart  
Patient Advocacy Manager

SIGNED and sworn to before me this 30 day of October 2020  
Ashley Grant  
Notary Public in and for the State of Texas

My commission Expires: 10/07/2024

Northwest Indiana Hospital  
Return file stamped copy to:  
6030 S Rice Ave STE C  
Houston, TX 77081



25.00  
CF# 165  
KK