

NOT AN OFFICIAL DOCUMENT

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GINA PIMENTEL
 RECORDER
 STATE OF INDIANA
 LAKE COUNTY
 RECORDED AS PRESENTED

2023-014863
 8:38 AM 2023 Jun 7

LIEN

State of Indiana
 County of Lake County

Be it known, that the undersigned lien claimant, Great Lakes Healthcare Center located at 2300 Great Lakes Drive in Dyer located in the county of Lake County in the State of Indiana with the zip code of 46311-1917 hereby files a claim for a Lien against James M and Shirley H Davis located at 4215 W 15th Ave, in Gary located in the County of Lake in that State of Indiana in the zip code 46404 and hereinafter referred to as the "Owner" and any other persons, lenders, creditors, or entities that have or may have a claim or interest in the below described real estate, and in support thereof states as follow:

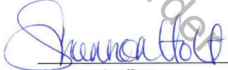
BE IT KNOWN, that on May 10, 2023, the aforementioned Owner, did own the following described real estate property located in the County of Lake, in that State of Indiana to wit: The property being located at 4215 W 15th Ave in the City of Gary, Indiana 46404. And together with improvements and other buildings, if any, is hereinafter referred to as the "Premises" with said real estate having the parcel number of 45-08-07-326-005.000-004 and the local parcel number 001-25-42-0036-0004 The legal property description as follows:

CALDWELL'S GARY LD. ASS'N 1ST ADD. ALL LOTS 4 & 5 E. 15 FT. OF LOT 6

On, January 17, 2023, the lien claimant entered into agreement for services with the aforementioned Owner for the total amount of \$9,185.20 which became due and payable for the services of said Nursing Home.

The Lien Claimant hereby states and affirms that there is a total outstanding balance of \$9,185.20 in which the aforementioned party has neglected and, after repeated collection attempts, refuses to submit payment. It is due to the Owner's breach of agreement that the Claimant is entitled to have imposed a lien on the aforementioned and here in described property, for the total outstanding sum owed, in addition to any interest and collection costs allowable by law pursuant to the State of Indiana Statutes.

This is the 10th day of May, 2023


 Shannon Holt, Affiant
 Account Manager, CBC

Prepared by
 Great Lakes Healthcare Center
 c/o CBC-Shannon Holt
 PO Box 5187
 Kingsport, TN 37663
 844-588-8861



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 KD

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NOTARY

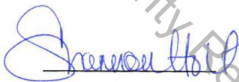
State of Tennessee)

)

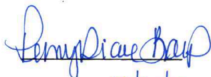
County of Sullivan)

The affiant, Shannon Holt, being duly sworn, on oath and deposes and says that she is a representative of the Lien Claimant and that she has read the foregoing claim for the lien and knows the contents thereof, and that all statements therein contained are true and correct to the best of her knowledge.

Sworn to and subscribed before me this the 10th day of May, 2023



Shannon Holt, Affiant



Notary Public

10/24/23



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CERTIFICATE OF PROOF

WITNESS to the signature (s) on the foregoing instrument to which this Proof is attached.

Debbie Monk
Witness Signature

Debbie Monk
Witness Printed Name

PROOF:

STATE OF Tennessee

COUNTY OF Sullivan

Before me a Notary Public in and for said County and State, Dated on 5/10/23, personally appeared the above-named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that he/she knows WITNESS Debbie Monk to be the individual(s) described in and who executed the foregoing instrument: that said WITNESS was present and saw said GRANTOR(S) Shannon Holt execute the same: and the said WITNESS at same time subscribed his/her name as a witness thereto

Penny Diane Bays
NOTARY PUBLIC SIGNATURE

Penny Diane Bays
NOTARY PRINTED NAME

Notary Name exactly as Commission

Notary Public- State of TN

Seal
My Commission Expires: 10/24/23

Commission No: _____



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STATEMENT

Great Lakes Healthcare Center
2300 Great Lakes Drive
Dyer, IN 46311-1917
(219) 322-3555

Resident: Davis, James (I412115)
Location: -
Statement Date: 5/1/2023
Payment Due Date: 5/7/2023

ALL TRANSACTIONS PROCESSED AFTER Apr 30, 2023
WILL APPEAR ON YOUR NEXT STATEMENT

Shirley Davis
4215 W 15th Ave
Gary, IN 46404

Amount Due \$9,185.20

PLEASE DETACH AND RETURN WITH YOUR PAYMENT

Amount Enclosed \$ _____

Great Lakes Healthcare Center
2300 Great Lakes Drive
Dyer, IN 46311-1917
(219) 322-3555

Resident: Davis, James (I412115)
Location: -
Statement Date: 5/1/2023
Payment Due Date: 5/7/2023

Effective Description
Date

Units Unit Amount Amount

	BALANCE FORWARD		\$10,214.40
3/29/2023	Payment		(\$100.00)
4/1/2023	Patient Liability Apr 1-30 2023		(\$3,758.00)
4/1/2023	Patient Liability Apr 1-10 2023		\$2,828.80

BALANCE DUE

\$9,185.20

Property of Lake County Recorder