and I on Alberta Laboration Committee Expression (1994)

2011 042148

2011 AUG -4 PH 3: 33

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Michigan State 1

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Breona Major		
Patient:	Breona Major	Attorney:	
	2248 Williams St		
	Gary, IN 46404		
Recorder of	Lake County, Indian	To ali	
Lake County	Government Center		ana Department of Insurance W. Washington Street
2293 North I	Main Street	Suite	
Crown Point	, Indiana 46307		anapolis, Indiana 46204
You a:	re hereby notified t	hat THE METHODIST USS	DIENIC INC. COO C
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 gare that the street of the stre			
hospital care, treatment or maintenance of the above listed patient as follows:			
_			
1. The patient was admitted to the hospital on July 02, 2011			
and was discharged from the hospital on July 02 2011			
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One Thousand One Hundred Thirty-One			
(\$ 1,131.00 Dollars			
3.	To the best of the	Hospital's knowledge	the patient or the patient's
legal repre	sentative claims th	at the following nam	ed individuals and/an antities
TIUDIC TOI	damages arising fro	m the patient's ill	ness or injury causing the hospital
stay:			y moopied.
This I	ien is being filed	nurquent to the H	
This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which the Hospital is located, within one			
andersigned individual executing this instrument having book duly grown until the			
end pendicies of perjury, hereby states that the Hospital intende to held the way to			
bitch as described above and that the facts and matters set forth in the femore-			
statement ar	e true and correct.	OFR'C	
		THE METHODI	ST HOSPITALS, INC.
		(1) BY:	(Incus Revealab
STATE OF IND	OIANA)		Angie Djukich
) ss:	E Course	Alighe Djakten
COUNTY OF LA	KE)	THE ANDREAS ALITY	
T 7	wie Dinielek	THE PARTY OF THE P	
I Angie Djukich , being a Patient Representative for The Methodist			
Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.			
		(2)	Carrie Diripinh
			Angiel Diukich
Subscribed and sworn to before me, a Notary Public, this 2 day of			
- Milly			
My Commissio	n Eunice	<u></u>	2 5 /2/1C
TAY COMMITSSIO	m Expires:		Notary Public
<u>Mach</u>	24, 2011	A Resident (of <u>Lake</u> County
I affirm, under the penalties for perjury that I have the			
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.			
This Instrument Prepared By: Earle F. Hites, Attorney at Law			
		8700 Broadway Marrie	ney at Law
		8700 Broadway, Merrill	LVIILE, IN 46410

Official Seal
LISA M. STONE
Resident of Lake County. IN
My commission express
March 24, 2019

195162

AMOUNT \$.

NON-COM. CLERK____ E

CASH____ CHECK #_ OVERAGE COPY___