STATE OF LAND LANE COUNTY FILED FOR RECORD

2013 036243

2013 MAY 20 PM 1: 16

100552995

TO:

MICHALL D. DAGWN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Anthony Wellere		
Patient:	Anthony Wellere	Attorney:	
	4004 W Wilcox		
	Bellwood, IL 60104		
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W. Was Suite 300	epartment of Insurance shington Street lis, Indiana 46204
IN 46402, in hospital call and was discalled above hospital (\$\frac{3}{3}\$, legal representations.	The patient was admitted a mount of the amount due for hos talization is Three The 1883.25 To the best of the Hose seentative claims that	ital Lien for all reasonance of the above listed of the hospital on April 21 , pital care, treatment or ousand Eight Hundred Eig	oril 21 , 2013 2013 . r maintenance during the and 25/100 Datient or the patient's individuals and/or entities are
<pre>liable for stay:</pre>	damages arising from	the patient's illness	or injury causing the hospital
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 hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been duly sworn upon oath, under the penalties of perjury, hereby states that the Hospital intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct. THE METHODIST MOSPITALS, INC.			
		(1) × BY:	raio Midichi
STATE OF IN	DIANA)		Djukijch
COUNTY OF LA		WOIANA HILL	
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) Aprile Djukich Aprile Djukich Subscribed and sworn to before me, a Notary Public, this day of			
Man Samuria ari		Jug m	stone
My Commission	SY, 2019	A Resident of _	Notary Public Lake County
11 W(W)	34,001		
		perjury, that I have s document, unless requi	taken reasonable care to redact red by law.
This Instru		rle F. Hites, Attorney a	
AMOUNT CASH CHECK # OVERAGE COPY	CHARGE		Official Seaf LISA M. STONE Resident of Lake Classicy of My commission express March 24, 2019

215080

COPY_ NON-COM_ CLERK____