STATE OF HILL LAKE GOUSE I FILED FOR RECORE

2014 003920

2014 JAN 22 PK 1: 15

MICHAL B. JAUWA RECORDER

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## Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 the Office of the Recorder of the County in which the Hospital is located, within nin (90) days after the patient was discharged from the Hospital. The undersigned individe executing this instrument, having been duly sworn upon oath, under the penalties perjury, hereby states that the Hospital intends to hold the Hospital Lien as descriabove and that the facts and matters set forth in the foregoing statement are true		Drake Taylor		
Centralia, IL 62801  Recorder of Lake County, Indiana Lake County Government Center 2831 North Main Street 2831 No	Patient:	_		
Recorder of Lake County, Indiana Lake County Government Center 231 M. Washington Street 2323 North Main Street 2324 North Main Street 2324 North Main Street 2324 North Main Street 2325 North Main Street 2325 North Main Street 2326 North Main Street 2327 North Main Street 2328 North Main Street 2329 North Main Main Street 2329 North Main Street 2329 North Main Street 2329 North Main Main Street 2329 North Main Main Street 2329 North Main Main Main Main Main Main Main Main				
Jake County Government Center  311 M. Washington Street 20293 North Main Street Suite 300 Crown Point, Indiana 46307  You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Ge IN 46402, intends to hold a Hospital Lien for all research and necessary charges hospital care, treatment or maintenance of the above listed patient as follows:  1. The patient was admitted to the hospital on December 13 , 2013  and was discharged from the hospital bile for hospital or the above hispitalization in Thir Thousands with Murked Statistics and the above hospitalization in Thir Thousands with Murked Statistics and the above hospitalization in Thir Thousands with Murked Statistics and the above hospitalization in Thir Thousands with Murked Statistics and the own of the statistic for all payments, contractual adjustments, write-offs, and other benefit.  3. To the best of the Bospital's knowledge, the patient or the patient's liable for damages arising from the patient's illness or injury causing the hospital; stay:  This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 the Office of the Recorder of the County in which the Hospital Lien and the hospital stay is a stay of the patient was discharged from the Hospital. The undersigned individuals and/or entities that the foffice of the Recorder of the County in which the Hospital Lien as describered with instrument, having been duly keen upon oath, was that the facts and matters are required by Jaketh William Lien Law Lie Marked Lien Law Lie Marked Lie Lien Law Lie Marked Lie Lien Law Lie Lien Law Lie Marked Lie Lien Law Lie		Centralia, IL 62801		
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Set N 46402, intends to hold a Hospital Lien for all reasonable and necessary charges hospital care, treatment or maintenance of the above listed patient as follows:  1. The patient was admixed to the hospital on December 13 , 2013 and was discharged from the hospital care, treatment or maintenance during the above hospitalization if Trien Thousend Six Eurotect Status Seven;  (S , 667.00 ) Dollars, This amount is subject to reduction for any benefits care, treatment or maintenance during the above hospitalization if Trien Thousend Six Eurotect Status Seven;  (S , 667.00 ) Dollars, This amount is subject to reduction for any benefits and the patient is entitled under the Nathy Occasion of the Hospital Status Seven;  (S , 667.00 ) Dollars, This mount is subject to reduction for any benefits and the patient of the patient is entitled under the Nathy Occasion of the Plant of the P	Lake County 2293 North	y Government Center Main Street	311 W. Washington Suite 300	Street
IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges hospital care, treatment or maintenance of the above listed patient as follows:  1. The patient was admixed to the hospital on bacember 13 , 2013  2. The amount due for hospital care, treatment or maintenance during the above hospitalization of Tityh Thousend, Six Buntzet Sixtyr Sevent (\$ 5.67.00 Dollars This amount is subject to reduction for any benefits and the patient is entitled under the Nathy of Chry Contract, health plan, or medinaurance, and credits for all payments, contractual adjustments, write-offs, and other benefit.  3. To the best of the Hospital's knowledge, the patient or the patient's lightle for damages arising from the patient's illness or injury causing the hospitals for damages arising from the patient's illness or injury causing the hospitals;  This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 (1900) as a first the patient was discharged from, the Hospital is located, within nir executing this instrument, having been will from the Hospital is located, within nir executing this instrument, having been will from the Hospital is located, within nir executing this instrument, having been will from the Hospital is located, within nir executing this instrument, having been will from the Hospital is located, within nir executing this instrument, having been will from the hospital Lien Law, I.C. Section 32-33-4 (1900) and the Hospital Lien Law, I.C. Section 32-33-4 (1900) and the Hospital Lien Law, I.C. Section 32-33-4 (1900) and the Hospital Lien Law, I.C. Section 32-33-4 (1900) and the Hospital Lien Law, I.C. Section 32-33-4 (1900) and the Hospital Lien Law, I.C. Section 32-33-4 (1900) and the Hospital Lien Law, I.C. Section 32-33-4 (1900) and the Hospital Lien Law, I.C. Section 32-33-4 (1900) and the Hospital Lien Law, I.C. Section 32-33-4 (1900) and the Hospital Lien Law, I.C. Section 32-33-4 (1900) and the Hospital Lien Law, I.C. Section 32-33-4 (1900) and Lien Law, I.C. Section	Crown Point	, Indiana 46307	Indianapolis, Ind	iana 46204
I Angie Djukich , being a Patient Representative for Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in foregoing are true and correct.  (2) Angie Djukich	You a IN 46402, hospital ca  1. and was dis 2. above hospi (\$ 5 to which the insurance, other benefit 3. legal repressay:  This the Office (90) days as executing perjury, he above and correct.	are hereby notified the intends to hold a Hos are, treatment or maint.  The patient was admit scharged from the hospi. The amount due for hold italization is Five TF,667.00 ) Dolla he patient is entitled and credits for all fit.  To the best of the Hold esentative claims than damages arising from Lien is being filed prof the Recorder of the fter the patient was of this instrument, haviereby states that the that the facts and ma	at THE METHODIST HOSPITALS, INC. pital Lien for all reasonable at enance of the above listed patients.  Led to the hospital on December tal on December 13, 2013  Espital care, treatment or mainted to be a subject to respect to the terms of any contract payments, contractual adjustments the following named individed the patient's illness or injure and the Hospital Lien Law to the Law to the Law to the Hospital Lien Law to the Law to the Law to	, 600 Grant Street, Gand necessary charges nt as follows:  13 , 2013  nance during the eduction for any benef, health plan, or medints, write-offs, and or the patient's uals and/or entities any causing the hospital Lien as descript statement are true in INC.
I Angie Djukich , being a Patient Representative for Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in foregoing are true and correct.  (2) Angie Djukich	STATE OF IT	, and the second	Alique Djukt	<i>g</i> 11
Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in foregoing are true and correct.  (2)  Subscribed and sworn to before me, a Notary Public, this day of Mnuaw, 2014.  My Commission Expires:  A Resident of Lake County  I affirm, under the penalties for perjury, that I have taken reasonable care to receach social security number in this document, unless required by law.  This Instrument Prepared By:  Earle F. Mites, Attorney at Law 8700 Broadway, Merrillville, IN 46410  19402  IISA M. STONE Attorney at Law 8700 Broadway, Merrillville, IN 46410	COUNTY OF J	LAKE )		
My Commission Expires:  My Commission Expires:  March 24, 2019  I affirm, under the penalties for perjury, that I have taken reasonable care to receach social security number in this document, unless required by law.  This Instrument Prepared By:  Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410  19402  LISA M. STONE desider of Lake County  Different Sea Alvoiringson Process  My Confinession Public  A Resident of Lake County  Notary Public  Notary Public  A Resident of Lake County  Others Sea County  LISA M. STONE desider of Lake Alvoiringson Public  My Confinession Public  A Resident of Lake County	Methodist I foregoing a	Hospitals, Inc., being are true and correct.	duly sworn upon oath, says that  (2)  Angze Djuki	the facts stated in
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