STATE OF INDIAMA LAKE COUNTY FILED FOR RECORD

## 2014 009257

2014 FEB 18 PM 1: 17

MICHAEL B. BROWN 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

TO:	Luis Vergara Luis Vergara	3 to to a company of the company of		
Patient:	311 Ruta Dr	Attorney:		
	Hobart, IN 46342			
		- · · ·		<del>-</del>
Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 311 W. Washington Street				
2293 North Main Street			e 300	
Crown Point	, Indiana 46307	Indi	anapolis, Indiana	46204
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 care, treatment or maintenance of the above listed patient as follows:				
1. and was dis 2.	The patient was admitted charged from the hospital The amount due for hospi	on January 19	2014.	
above hospitalization is Four Thousand Eight Hundred Thirteen and 75/100				
to which the insurance, other benef		der the terms of ments, contract	any contract, hea ual adjustments,	<pre>th plan, or medical write-offs, and any</pre>
3.	To the best of the Hospi esentative claims that t			
	damages arising from th			
This	Lien is being filed pursu	ant to the Hospi	ital Lien Law, I.C	Section 32-33-4 in
the Office of the Recorder of the County in which the Hospital is located, within ninety (90) 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 HOSPITALS, INC.				
(1) BY: AN are Down in				
STATE OF INDIANA )  Angie Djøkich  ) ss:				
COUNTY OF L	•			
	ngie Djukich			resentative for The
Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.				
(2) May Dur Work				
Subsc	ribed and sworn to before	me, a Notary Pul	Andie Djukich blic, this	day of
	<del>7.</del> , 2014.	Rusa	00 0/-00	· -
My Commissi	on Expires:	- () ) Willy	177. 3 707W Not	ary Public
Muncha	Dy 2019	A Resident	of <u>Lake</u>	County
I affirm, under the penalties for periory, 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				
			rney at Law llville, IN 46410	
AMOUNT 9	OUADCE			
CASH			Official Sea	PA.
OMERAGE			LISA M. STONE Resident of Lak	ce County, IN 🌡
COPY:			namission on 24, 201	i expires
NON-COM	M	-	And the state of t	<b>K</b>