STATE OF INDIAMA LAKE COUNTY FILED FOR RECORD

2014 025746

2014 MAY -7 PM 1: 14

100748534

Patient:

1/1/1/12

TO:

MICHAEL B. BROWN RECORDER

Return To:

Alexis Edwards Alexis Edwards

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

2310 Georgia St	
Gary, IN 46407	
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300
crown Point, Indiana 46307	Indianapolis, Indiana 46204
IN 46402, intends to hold a Hospi	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, tal Lien for all reasonable and necessary charges for nance of the above listed patient as follows:
and was discharged from the hospita	ed to the hospital on April 03 , 2014
2. The amount due for hosp above hospitalization is <u>Nineteen</u>	pital care, treatment or maintenance during the Thousand Three Hundred Eighty-Six and 75/100
benefits to which the patient is or medical insurance, and credits and any other benefit.	ollars. Ou This amount is subject to reduction for any entitled under the terms of any contract, health plan, for all payments, contractual adjustments, write-offs,
regar representative claims that	the following named individuals and/or entities are he patient's illness or injury causing the hospital
(90) days after the patient was dis executing this instrument, having perjury, hereby states that the Ho	County in which the Hospital is located, within ninety charged from the Hospital. The undersigned individual been duly sworn upon oath, under the penalties of spital intends to hold the Hospital Lien as described ers set forth in the foregoing statement are true and
	THE METHODIST HOSPITALS, INC.
STATE OF INDIANA	(1) BY: Angie Djukich
COUNTY OF LAKE)	
I Angie Djukich	the day of the second s
Methodist Hospitals, Inc., being du	, being a <u>Patient Representative</u> for The aly sworn upon oath, says that the facts stated in the
foregoing are true and correct.	/ // A Di. 1
	(2) Ungle Studlen
Subscribed and sworn to before	Angie Djukich e me, a Notary Public, this day of
- Oppi	_ Dung Me Stone.
My Commission Expires:	Notary Public
March 24, 2019	A Resident of Lake County
,	perjury, that I have taken reasonable care to redact
This Instrument Prepared By:	2
Ear] 8700	Le F. Hites, Attorney at Law Description Broadway, Merrillville, IN 46410
ANOUNT &	the second secon
CASH CHARGE CHECK # COPY E	Official Seal LISA M. STONE Resident of Lake County. IN My commission expires March 24, 2019
NON-COM	The state of the s