STATE OF INDIAN LAKE COUNTY FILED FOR RECORD

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2014 MAY 20 PM 1: 25

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TO:

MICHAEL B. BROWN RECORDER

Return To:

Delmar Harrell

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Ashanti Harrell	Attorney:	
	433 Taney St		
	Gary, IN 46404		
77	-		
	Lake County, India Government Center		Department of Insurance
2293 North	Main Street		Washington Street
	, Indiana 46307	Suite 3	apolis, Indiana 46204
You a	re hereby notified	that THE METHODIST HOSPI	TALS, INC., 600 Grant Street, Gary,
hospital ca	re, treatment or ma	intenance of the above li	asonable and necessary charges for
	charged from the ho	mitted to the hospital or spital on March 30	2014
above hospi	talization is Thre	e Hundred Fifty-Six	or maintenance during the
(\$ 35	56.00 ) Dol.	lars ak This amount lisc sul	oject to reduction for any benefits
insurance	e patient is entitle	ed under the terms of an	y contract, health plan, or medical
other benef	it.	11 payments, contractual	adjustments, write-offs, and any
3.	To the best of the	Hospital's knowledge, th	e patient or the patient's
legal repre	esentative claims t	hat the following named	individuals and/or entities are
liable for	damages arising fr	com the patient's illne	ess or injury causing the hospital
stay:			
This	Lien is being filed	pursuant to the Hospita	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.	2113 2113 2113 21114	maccold decirition and the	statement are true and
		THE METHODIST	HOSPITALS, INC.
		(1) BY:	Margaria Danial
STATE OF IN	DIANA )	(1) 61:	Angie Djakich J URICH
	) ss:		garge Sparten d
COUNTY OF LA	AKE )		
T And	gie Djukich	hoing	Dationt December 1
		ng duly sworn upon oath.	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)	Unque Di upal
Subscr	sibod and grown to b	noform was a Nation B 131	Angie jukich
april	, 2014.	pefore me, a Notary Public	c, this 2/3 day of
7.3		Sing M.	Store
My Commissio	on Expires:	·	Notary Public
March.	21,2019	A Resident of	LakeCounty
1 14(01)	a tixeti		
I affirm, u each social	nder the penalties security number in	for perjury, that I hav this document, unless red	e taken reasonable care to redact quired by law.
This Instrum	ent Prepared By:		
	ille	Earle F. Hites, Attorney	z at Law
THUCMA	Commence of the second	8700 Broadway, Merrillvi	lle, IN 46410
CASH	CHARGE	<del>-</del>	•
CHECK#	, •		
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NON-CO	antico i numbero como promotor e como montro como como como como como como como co		LISA M. STONE
NUN-CU CLERK	1 V I managament of the control of t		(COLAL) Resident of Lake
New Landboard Ad No access	Wellewild TION MAKE (BUSH-MINISHED) A WARE LANGE STEERING BESTEELING STEERING STEERI		My commission ear March 24, 2019
			The same of the sa