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TO:

MICHAEL E. BROWN RECORDER

Return To:

Phillip Hesch

NON-COM__ CLERK___

234200

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Recorder of Lake County Indiana Lake County Government Center 2023 North Main Street 2023 North Main Street 311 N. Washington Street Suite 300 The Add Street 11 Note of The Add Street Note Point, Indiana 46207 You are hereby notified that THF METHODIST HOSPITALS, INC., 600 Grant Street, 6 1 Add 2, Intends to held a Bospital Lien for all reasonable and necessary charges hospital care, treatment or maintenance of the above listed patient as follows: 1. The patient was admitted to the hospital on October 16, 2014 and was discharged from the hospital on Province of the above listed patient as follows: 1. The amount due for hospital care, treatment or analytenance during the store the hospital large from the hospital care, treatment or analytenance during the store to which the patient is benefits without the trens of anytenance during the towhich the patient is benefits without the trens of any contractual adjustment, write-offs, and other benefit. 12 Add 10 Paymer of contractual adjustment, write-offs, and other benefit. 13 To the best of the Hospital's Noveledge, the patient or the patient's libres or injury causing the hospital; 14 Lake County Recorder 15 This lien is being filed pursuant to the Hospital Lien was, T.C. Section 32-33-the Office of the Recorder of the County is which the Hospital Lien was, T.C. Section 32-33-the Office of the Recorder of the County is which the Hospital Lien as describer of the Section of the County is which the Hospital Lien as describer of the Section of th	Patient:	Phillip Hesch	Attorney:	
Lake County Government Center 311 M. Washington Street Suits 3223 North Main Street Suits 3203 Crown Point, Indiana 46307 The part of the County of the Booylead Lien Law, I.C. Section 32-33-400 arising from the pursuant to the Booylead Lien Law, I.C. Section 32-33-400 arising from the Daylead of the Booylead is a followed in Street		416 W North St Crown Point, IN	46307	
hospital care, creatment or maintenance of the above listed patient as follows: 1. The patient was admixed to the hospital on October 16 , 2014 and was discharged from the hospital on October 16 , 2014 and was discharged from the hospital on October 16 , 2014 and was discharged from the hospital on October 16 , 2014 and was discharged from the hospital on October 16 , 2014 and was discharged from the hospital on October 16 , 2014 and was discharged from the hospital on October 16 , 2014 and was discharged from the hospital of the county and the co	Lake County 2293 North	Government Center Main Street	311 W. Suite 3	Washington Street 00
1. The patient was admitted to the hospital on October 16 , 2014 and was discharged from the hospital on October 16 , 2014 above hospital samount due for hospital care, treatment or maintenance during the above hospital various is From thousand firm to account the terms of any contract, write-offs, and to which the patient is engines under the terms of any contract, write-offs, and other benefit. 3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following mead individuals and/or entities stay: This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-the Office of the Recorder of the County in which the Hospital is located, within mi (90) days after the patient was discharged from the Hospital. The understgned individual executing this instrument, having been duly sworm upon oath, under the penalties above and that the facts and matters set to hold the Hospital Lien as described and that the facts and matters set to hold the Hospital Lien as described and that the facts and matters set to hold the Hospital Lien as described and that the facts and matters set to hold the Hospital Lien as described and that the facts and matters set to hold the Hospital Lien as described and sworn to before me, a Notary Public, this foregoing are true and correct. (2) Angle Djukich Again Djukich A Resident of Lake Notary Public, this Notary Public A Resident of Lake County affirm, under the penalties for perjury, that I have taken reasonable care to reduce social security number in this addiment, unless required by law. This Instrument Prepared By: Earle F. Hites, Attorney at Law Commandation of the seal of the second of the seal of t		riccias to nota a	$\pi \circ s \circ \pi \circ $	aconable and a
STATE OF INDIANA) ss: COUNTY OF LAKE I Angle Djukich Methodist Hospitals, Inc., being duly sworn upon oath says that the facts stated in foregoing are true and correct. (2) Angle Djukich Angle	and was dis 2. above hospi (\$\frac{4}{4}\$, to which th insurance, other benefication 3. legal repressible for stay: This is the Office (90) days aftee executing to perjury, her above and to	The patient was accharged from the hore the amount due for talization is Four 084.00 posterior and credits for a dit. To the best of the esentative claims to damages arising from the patient was his instrument, have by states that the content of the content was his instrument, have by states that the content of the content was his instrument, have by states that the content of the content of the content was his instrument, have been content of the con	mitted to the hospital on spital on October 16, hospital care, treatment Thousand Eighty-Four lars. This amount is suffed under the terms of any 11 payments, contractual Hospital's knowledge, the chat the following named from the patient's illness of the country in which the so discharged from the Hospital the Country in which the so discharged from the Hospital wing been duly sworn up the Hospital intends to how matters set forth in the	October 16 , 2014 2014 or maintenance during the opject to reduction for any benefits contract, health plan, or medical adjustments, write-offs, and any e patient or the patient's individuals and/or entities are so or injury causing the hospital Lien Law, I.C. Section 32-33-4 in Hospital is located, within ninety poital. The undersigned individual con oath, under the penalties of old the Hospital Lien as described foregoing statement are true and
Subscribed and sworn to before me, a Notary Public, this) ss:		Angle Djukich
affirm, under the penalties for perjury, that I have taken reasonable care to redeach 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 AMOUNT S CASH CHARGE CHECK# OVERAGE F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410	Methodist Ho foregoing ar Subscr My Commissio	e true and correct. ibed and sworn to b , 2014. n Expires:	(2) Defore me, a Notary Public	says that the facts stated in the multiple of the land
CASH CHECK OVERAGE OVERAGE Chis Instrument Prepared By: Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410 Official Seal CHECK CHECK Besiden of Lake County, IN Resident of Lake County, IN	affirm, ur	der the penalties	for perjury, that I have this deciment, unless rem	taken reasonable care to redact
COPY My commission expires	his Instrum AMO CASH CHE OVE	UNT \$CHARGECK#RAGE	Earle F. Hites, Attorney	at Law lle, IN 46410 Official Seal