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MICHAEL B. BROWN RECORDER

Return To:

Hodges & Davis, P.C.

## 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient: Deirdra C Almodovar 617 E 10th Ave #21 Lake Station, IN 46405  Recorder of Lake County, Indiana Lake Station, Street Lake Station, Street Lake Station, Street Suite 300 Trown Feint, Indiana 46307  Town Feint, Indiana 46307  Town Feint, Indiana 46307  Town are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Ga: Medical County, Indiana 46204  You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Ga: Medical County of the American Street Suite 300  Town are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Ga: Medical County of the American Street Suite 300  The patient was admitted to the hospital len for all reasonable and necessary charges: hospital care, treatment of maintenance during the above listed patient as follows:  1. The patient was admitted to the hospital len ottober 27, 2014  and was discharged from the hospital care, treatment of understand and 75/100  18. 19,523.5  Benefits to which the patient of bollows the first station of understand and 75/100  18. 19,523.5  Benefits to which the patient of college the first station of patient station of a medical industrial station for and credit of the Hospital care, treatment of patient station of an order of the College that the patient was described that the following maned individuals and/or extities is liable for damages brising from the patient's Themselves and the office of the Recorder of the County in which the Hospital is located, within nine accounting this instrument, having been duly shown upon oath, under the penalties service of the County in which the Hospital is located, within nine accounting this instrument, having been duly shown upon oath, under the penalties for the penalties for the Beaptial Line are described and security in the following the hospital Line are described and the following the hospital Line are described by the patient of the Beaptial Line are described by the Medical Registral Line are described by the Medical Registral Line Are described by th	TO:	Deirdra C Almodova			
Lake Station, IN 46005  Recorder of Lake County, Indiana Lake County Government Center South Main Street South Main Street South Main Street You are hereby motified that TFE MTCHOIST ROSPITALS, INC., 600 Stant Street, Salin 4602, intends to hold a Respital Lien for all reasonable and necessary charges:  1. The patient was admitted to the hospital care, treatment or maintenance of the above listed patient as follows:  1. The spatient was admitted to the hospital on october 27 , 2014 and was discharged from the hospital on Only Teather DE IN 2014 2. The amount due for hospital care, treatment or paintenance during the above hospitalization is Retternian in the Saling of County of the County in the patient of the Saling of County of the County in the Saling of the Main Street of the Amount of the Saling of the Patients of the Hospital care of the Amount of the County in which the patient of the Hospital's knowledge, the patient or the patient's legal representative claims that the following named inclvingle and/or antities and any other benefit.  3. To the best of the Respital's knowledge, the patient or the patient's legal representative claims that the following named inclvingle and/or antities at the Office of the Recorder of the County in which the Hospital is located, within nim (30) days after the patient was discharged from the Bospital. The undersigned Individual executing this instrument, awaing been duly swom upon each, under the penalties perfury, hereby states that the Fospital lynamy is the Hospital Income that the facts and natters set before the Respital Lien as described and sworn to before me, a Rotary Public, this Drugs to hold the Respital Lien as described and sworn to before me, a Rotary Public, this Drugs to hold the Respital Lien as described and sworn to before me, a Rotary Public, this Drugs to hold the Respital Lien as described and security number in the document, unless required by law.  State of Indian Security number in the document, unless required by law.  This instrument Prepared B	Patient:				
Lake County Government Center  2329 North Main Street Suite 300 Crown Point, Indiana 46307  You are hereby notified that THE METHODITH GOSPITALS, INC., 600 Grant Street, Ga 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 admitted to the hospital on October 27, 2014 and was discharged from the hospital on County Thee and 75/100 (\$ 49,523.75					
IN 48402, intends to hold a Respital 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 27, 2014 and was discharged from the hospital on Cartager 01, 2014 2. The amount due for hospital care, testinent or pathenance during the above hospitalization is rottening the first Rindre Sunty-Three and 75/100 (3 49,523.75)  3 49,523.75  40 Lien is which the patients is continentiate the finance terms of city contract, health ple or nedical insurance, and credits for all payers, the patients, write-of, and any other benefits.  3. To the best of the Respital's knowledge, the patient or the patient's liable for damages arising from the patient's filmess or injuty causing the hospitals;  This Lien is being filed pursuant to the Bospital Lien Law, I.C. Section 32-33-4 the Office of the Recorder of the County in which the Bospital is located, within nim 900 days after the patient was discharged from the Respital. The undersigned individue executing this instrument, having been duly sworn upon oath, under the penalties perjury, hereby states that the Bospital intends to hold the Bospital Lien as described to a subscribed and sworn to before me, a Notary Public, his Angle Djukich  STATE OF INDIANA  SETATE OF INDIANA  SETATE OF INDIANA  SETATE OF INDIANA  Agric Djukich  My Commission Expires:  ACOUNTY OF LAKE  ONE Division Expires:  ACOUNTY OF LAKE  My Commission Expires:  ACOUNTY OF LAKE  SUBscribed and sworn to before me, a Notary Public, his Angle Djukich  Agric Djukich  My Commission Expires:  ACOUNTY OF LAKE  ONE Division Expires:  ACOUNTY OF LAKE  STATE OF INDIANA  Section 10 and 10 an	Lake County 2293 North	/ Government Center Main Street	311 Suit	W. Washington Street e 300	
and was discharged from the hospital of Clevener OF 1 2014  2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Porty Wine Thousans Wine Ending the Thousand Theorem 1 2010 (\$ 9,523.75 ) bollars. This amount is subject to reduction for the medical insurance, and credits for all payents, contract, health ple or medical insurance, and credits for all payents, contractual adjustments, write-of, and any other benefit.  3. To the best of the Rospital's knowledge, the patient or the patient's liable for damages arising from the patient's filness or injury causing the hospital stay:  This Lien is being files pursuant to the Hospital Lien Law, I.C. Section 32-33-4 the Office of the Recorder of the County in which the Rospital is located, within nine (90) days after the patient was discharged from the Rospital is located, within nine (90) days after the patient was discharged from the Rospital is located, within nine (90) days after the patient was discharged from the Rospital is located, within nine (90) days after the patient was discharged from the Rospital Lien as described and this instrument, awaing been duly sworm upon oath, under the penalties perjury, hereby states that the Rospital intends to hold the Hospital Lien as described and that the facts and matters set faction the foregoing statement are true and correct.  (2)  Subscribed and sworn to before me, a Notary Public, this with the facts stated in the foregoing are true and correct.  (2)  Subscribed and sworn to before me, a Notary Public, this with the facts stated in the facts and matters are fact in the facts of t	IN 46402,	intends to hold a Ho	ospital Lien for all	reasonable and necessary charges	
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 nime (90) days after the patient was discharged from the Hospital is located, within nime (90) days after the patient was discharged from the Hospital in the patient was discharged from the Hospital in the property of the foreign developing the period of the Hospital intends to hold the Hospital Lien as describ above and that the facts and matters set both in the foreign statement are true a correct.  THE METHODIST HOSPITALS, INC.  STATE OF INDIANA  SS:  COUNTY OF LAKE  I Angle Djukich  Subscribed and sworn to before me, a Notary Public, this foreign great rue and correct.  (2)  Angle Djukich  Angle D	and was dis  2. above hospi (\$\frac{\sigma}{\sigma}\$ benefits to or medical and any oth  3. legal repre	scharged from the hose The amount due for the amount due for the stalization is Forty 49,523.75 of which the patients insurance, and credit for the best of the sesentative claims the staling of the second control of the	pital on November 0 hospital care, treatments of the Head of the H	nent or maintenance during the nent or maintenance during the nundred Twenty-Three and 75/100 ount is subject to reduction for e terms of any contract, health places to contractual adjustments, write-or the patient or the patient's med individuals and/or entities	lan, ffs, are
the Office of the Recorder of the County in which the Hospital is located, within nime (90) days after the patient was discharged from the Hospital. The undersigned individue 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 described above and that the facts and matters ser lovely in the foregoing statement are true accorrect.  THE METHODIST HOSPITALS, INC.  STATE OF INDIANA  ) SS:  COUNTY OF LAKE  I Angie Djukich  Angie Djukich  Subscribed and sworn to before me, a Notary Public, this may day of Angie Djukich  Subscribed and sworn to before me, a Notary Public, this may day of Angie Djukich  My Commission Expires:  Notary Public  A Resident of Lake County  T affirm, under the penalties for perjury, that I have taken reasonable care to redeen social security number in the document, unless required by law.  This Instrument Prepared By:  AMOUNTS  CASH  CHECK B AND AND Broadway, Merrillville, IN 46410  OVERAGE  COPY  COPY  CHECK B AND		damages arising fro	om the patient's il	lness or injury causing the hospi	ital
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) Angle Djukith Angle Djukith Angle Djukith Day of Dividing May of Angle Djukith Day of Angle Djukith Day of Dividing May of Day of Dividing May of Day of Dividing May of Day of Day of Dividing May of Day of	the Office (90)days af executing perjury, he above and	of the Recorder of the feature of the patient was this instrument, have reby states that the	the County in which to discharged from the ring been duly sworm to Hospital intends to matters set forth in	the Hospital is located, within nir Hospital. The undersigned individ In upon oath, under the penalties o hold the Hospital Lien as descri the foregoing statement are true	nety dual of ibed
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) Angle Djukith Angle Djukith Angle Djukith Day of Dividing May of Angle Djukith Day of Angle Djukith Day of Dividing May of Day of Dividing May of Day of Dividing May of Day of Day of Dividing May of Day of			(1) BY:	Chair Seve (ch)	
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) Angle Djukich Angle Dju	STATE OF IN		WOLANA LILI	Argie Djukich	
I Angie Djukich 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	COUNTY OF L	,	THE MANAGEMENT OF THE PARTY OF		
Subscribed and sworn to before me, a Notary Public, this 1777 day of 1777 day	Methodist H	Hospitals, Inc., bein	g duly sworn upon oa	th, says that the facts stated in	
My Commission Expires:  A Resident of Lake County  I affirm, under the penalties for perjury, that I have taken reasonable care to redee each 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  Official Seal LISA M. STONE Resident of Lake County  Official Seal LISA M. STONE Resident of Lake County	Now Subsc	cribed and sworn to be $\ell/l$ , 2014.	Λ	ublic, this 1777 day of	
I affirm, under the penalties for perjury, that I have taken reasonable care to redeen 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  Official Seal LISA M. STONE Resident of Lake County. IN	My Commissi	on Expires:		Notary Public	
I affirm, under the penalties for perjury, that I have taken reasonable care to redeced 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  Official Seal LISA M. STONE Resident of Lake County. IN	Mucha	N, 2019	A Resident	of Lake County	
AMOUNT\$  CASH CHARGE CHECK# 20018  OVERAGE COPY  Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410  Official Seal LISA M. STONE Resident of Lake County. IN Resident of Lake Count	I affirm,	under the penalties	for perjury, that I this document, unless	have taken reasonable care to rec required by law.	dact
AMOUNTS  CASH CHARGE  CHECK # 20018  OVERAGE  COPY  E  8700 Broadway, Merrillville, IN 46410  Official Seal Lisa M. STONE  Resident of Lake County. IN Resident of Lake County.	This Instru	ument Prepared By:			
NON-COM March 24, 2019	CASH. CHEC OVER COPY	CHARGE OK # 200/8 PAGE E		Official Seal LISA M. STONE Resident of Lake County. IN My commission expires	

NON-COM\_ CLERK\_\_\_\_