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MICHAEL B. BROWN RECORDER

Return To:

Joshua Blakely

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

σ	- Joshua Blakely		
Patient:	Joshua Blakely	Attorney:	
*	2264 Whitcomb St	_	
łn e	Gary, IN 46404	_	
ngh.	Cary, IN 40404	_	
Recorder of	f Lake County, Indiana	T1.	
Lake County	y Government Center	India	na Department of Insurance
2293 North	y Government Center		. Washington Street
		Suite	300
g Crown Point	, Indiana 46307	India	napolis, Indiana 46204
Ď Vois			
IOU č	ere nereby notified tha	t THE METHODIST HOSE	PITALS, INC., 600 Grant Street, Gary,
, TN 40407'	Thrends to Nord a Host	oltal luen for all 🤋	reasonable and necessary
hospital ca	are, treatment or maint	enance of the above	listed patient as follows:
1.	The patient was admit	ed to the hospital o	on October 01 , 2014
and was dis	scharged from the hospit	cal on October 01	1.C 2014
۷.	The amount due for hos	spital care, treatmer	nt or maintenance during the
🖟 above hospi	.talization is <u>One Thoi</u>	isand Sixtv-Six	
(<u>\$</u> 1,	.066.00/ Dollar	s. This amount is s	subject to reduction for any benefits
"to which th	ie patient is entitien	under the terms of a	ny contract boolth mlass !!
^y insurance,	and credits for all	payments contractua	adjustments with a firm
other benef	it. the	Lake County Red	al adjustments, write-offs, and any
3.	To the best of the Hos	snital's knowledge t	the patient or the patient's
	esentative claims that	the following no	d individuals and/or entities are
liable for	damages arising from	the potion is a second	u individuals and/or entities are
stay:	damages arrising from	the patient's illr	less or injury causing the hospital
beay.			
This	Lien is being filed nu	remant to the Hearit	
the Office	of the Pagardar of the	Carrie to the Hospita	al Lien Law, I.C. Section 32-33-4 in
100\dave af	tor the netter of the	county in which the	Hospital is located, within ninety
(90) days al	ter the patient was di	scharged from the Ho	spital. The undersigned individual
executing (inis instrument, havin	g been duly sworn	upon oath, under the negalties of
berlary, ne	reby states that the F	lospital intends to	hold the Hospital Liep as described
above and t	that the facts and mat	ters set forth in the	he foregoing statement are true and
correct.		EO.	
		THE METHODIS	T MOSPITALS, INC.
		(1) BY:	Unaue Aux Ch
STATE OF IN	DIANA)	JEAL SEAL STATE	Angle Djukach
) ss:	WDIANA THE	0 / - 1
COUNTY OF LA	AKE)	The state of the s	
		\	/
IAı	ngie Djukich	, being	a Patient Representative for The
Methodist H	ospitals, Inc., being o	duly sworn upon oath	a says that the facts stated in the
foregoing as	re true and correct.	,	8
		(2) \mathcal{U}	ngu Hurich Angie Dukich
			Angie Dukich
/ Subsci	ribed and sworn to befo	re me, a Notary Publ	ic, this day of
Decomper	9 , 2014.		*************************************
7 William	, -	Ning 17	a. Stone
My Commissio	on Expires:	0 10014 111	Notary Public
-	-	A Resident of	~
Marcha	W 2019	A Resident O.	Lake County
THUNKIN	4,001		
I affirm, u	nder the penalties for	neriury that T ha	ve taken reasonable care to redact
each social	security number in thi	document unless re	omined by law
34311 333141	Security Hamber in Zi.	document, unitess is	equired by law.
This Instrum	ment Prepared By:		
		cle F. Hites, Attorne	av at Taw
		00 Broadway, Merrill	
A 4 4 5 7 % 5 1 4	. July 14 // -	o Diodaway, Merritt	ATTO, IN ADATO
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WASHING.	MATUR SERVICE		Official Seal
UTEUN	to 10 a proposition of the continuous and the conti		LISA M. STONE
OVERA	The state of the s		My commission expires
CODV	<i>F</i> -		March 24, 2019