18 FATE OF TRUTA C LAKE COUNTY FILED FOR RECORD

## 2014 081758

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MICHALL B. BROWN RECORDER

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## Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Leah Zellers	<b>5 L.L.</b>	
	Leah Zellers	Attorney:	
-	907 Lincoln ST #4 Elk Grv Village, IL	60007	
•	EIR GIV VIIIAGE, IE		
	Lake County, Indiana		ana Department of Insurance
_	Government Center	311 W Suite	N. Washington Street
2293 North I	Main Street , Indiana 46307		anapolis, Indiana 46204
			-
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:  1. The patient was admitted to the hospital on November 11 , 2014			
1. and was disc	charged from the hospit	al on November 12	on November 11 , 2014  2 , 2014  ent or maintenance during the
above hospitalization is Six Thousand and 25/100			
to which th	e patient is entitled u and credits for all p it.	under the terms of coayments, contractu	subject to reduction for any benefits any contract, health plan, or medical adjustments, write-offs, and any
3. legal repre liable for stay:	esentative claims that	the following nam	the patient or the patient's ned individuals and/or entities are lness or injury causing the hospital
This Lien is being filed pursuant to the Hospital 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.  THE METHODIST HOSPITALS, INC.			
STATE OF INDIANA ) Argie Djukich			
) ss:			
COUNTY OF L	AKE )		
I	Angia Diukiah	haina	g a <u>Patient Representative</u> for The
Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.			
Subscribed and sworn to before me, a Notary Public, this day of			
Deanbe	11bed and Sworn to Bero 1, 2014.	.7	
My Commissi	on Expires:	_(/)W99_1	MSHONC Notary Public
March		A Resident	of <u>Lake</u> County
I affirm, u	,	perjury, that I s document, unless	have taken reasonable care to redact required by law.
		rle F. Hites, Attor 00 Broadway, Merril	_
OASH OHE OVE OOF			Official Seal  LISA M. STONE  Resident of Lake Courts,  My Commission express March 24, 2019