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MICHAEL B. BROWN RECORDER

100957756

TO:

Kristin D Gilliam

LN

Patient: Kristin D Gilliam

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

Attorney:

3808 Erie Ct #1 East Chicago, IN 46312	
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
You are hereby notified that THE METHODI IN 46402, intends to hold a Hospital Lien for mospital care, treatment or maintenance of the	ST HOSPITALS, INC., 600 Grant Street, Gary, r all reasonable and necessary charges for above listed patient as follows:
above hospitalization is Six Thouand Three Hur (\$ 6,366.25) Dollars. This amount to which the patient is entitled under the terminsurance, and credits for all payments, contact benefit.	treatment or maintenance during the ndred Sixty-Six and 25/100 and is subject to reduction for any benefits and of any contract, health plan, or medical intractual adjustments, write-offs, and any
3. To the best of the Hospital's knowlegal representative claims that the following liable for damages arising from the patient stay:	
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 only 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.	
STATE OF INDIANA)	Angle Djukich
COUNTY OF LAKE)	:
I Angie Djukich , being a 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) Argie Djukich	
Subscribed and sworn to before me, a Nota	ary Public, this 2310 day of
My Commission Expires: A Res	Notary Public sident of Lake County
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.	
This Instrument Prepared By: Earle F. Hites.	, Attorney at Law
	Merrillville, IN 46410 Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019 March 24, 2019