STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 024566

2015 APR 23 PM 2: 11

100965979

238759

TO:

MICHAEL B. BROWN RECORDER

Return To:

Brandon McCreary

Patient: Brandon McCreary

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

CLERK\_WE

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

7348 Colorado St	
Hammond, IN 46323	
	·
Recorder of Lake County, Indiana	Indiana Department of Insurance
Lake County Government Center	311 W. Washington Street
2293 North Main Street	Suite 300
Crown Point, Indiana 46307	Indianapolis, Indiana 46204
Clown Point, Indiana 10307	indianapolity indiana 10201
You are hereby notified that THE METHODIS	T HOSPITALS, INC., 600 Grant Street, Gary,
IN 46402, intends to hold a Hospital Lien for	
hospital care, treatment or maintenance of the	
OCIIM	
1. The patient was admitted to the hosp	
and was discharged from the hospital on March	
2. The amount due for hospital care, the	reatment or maintenance during the
above hospitalization is Nine Thousand Six Hung	
	at is subject to reduction for any benefits
(\$ 9,641.75 ) Dollars. This amount to which the patient is entitled under the term	
insurance, and credits for all payments, cont	tractual adjustments, write-oils, and any
other benefit.	
3. To the best of the Hospital's knowledge	
legal representative claims that the following	
liable for damages arising from the patient'	s illness or injury causing the hospital
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 wh	ich 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	
perjury, hereby states that the Hospital inten	
above and that the facts and matters set fort	
correct.	Hall Joseph Jose
	ETHODIST HOSPITALS, INC.
THE THE	THOUSE THOSE THOSE
(1) BY:	Ungil Hustich
STATE OF INDIANA	Angle Djukich
	Aligae bjakapii
COLIMBA OF TAKE	· ·
COUNTY OF LAKE )	
I Angie Diukich	being a Patient Representative for The
Methodist Hospitals, Inc., being duly sworn upo	on oath, says that the lacts stated in the
foregoing are true and correct.	
(2)	
(2)	Cinque Bruster
	Angie Djuki
Subscribed and sworn to before me, a Nota:	Angie Djuki
	Angie Djuki
Subscribed and sworn to before me, a Nota	Angie Djuki day of day of
Subscribed and sworn to before me, a Nota	Angie Djuki
Subscribed and sworn to before me, a Nota:  My Commission Expires:	Angie Djuki day of day of
Subscribed and sworn to before me, a Nota:  My Commission Expires:	Angie Djuki ry Public, this day of Notary Public
Subscribed and sworn to before me, a Nota:  My Commission Expires:	Angie Djuki ry Public, this day of Notary Public
Subscribed and sworn to before me, a Nota:  My Commission Expires:  A Res:	Angie Djuki day of day of  Notary Public  Ident of Lake County
Subscribed and sworn to before me, a Nota:  My Commission Expires:  A Res:  I affirm, under the penalties for perjury, the	Angie Djuki day of ry Public, this Notary Public ident of Lake County
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Subscribed and sworn to before me, a Nota:  My Commission Expires:  A Res:  I affirm, under the penalties for perjury, the	Angie Djuki day of ry Public, this Notary Public ident of Lake County
Subscribed and sworn to before me, a Nota:  A Res:  I affirm, under the penalties for periory, the each social security number in this occument, under the Instrument Prepared By:  Earle F. Hites,	Angie Djuki day of day of Notary Public ident of Lake County  at I have taken reasonable care to redact inless required by law.
Subscribed and sworn to before me, a Notation, 2015.  My Commission Expires:  A Residual Action of the penalties for perjury, the each social security number in this occument, until this Instrument Prepared By:  Earle F. Hites, 8700 Broadway 18	Angie Djuki day of day of Notary Public ident of Lake County at I have taken reasonable care to redact inless required by law.
Subscribed and sworn to before me, a Notation, 2015.  My Commission Expires:  A Residual A Residual Security number in this occument, under the penalties for perjury, the each social security number in this occument, under this Instrument Prepared By:  DEBRA A ROSE  BY ODE BROAD BROADWAY, IN THE PROPERTY OF THE PROPE	Angie Djuki day of day of Notary Public ident of Lake County  at I have taken reasonable care to redact inless required by law.
Subscribed and sworn to before me, a Notary Public - Seal  Subscribed and sworn to before me, a Notary Public - Seal  Subscribed and sworn to before me, a Notary Public - Seal  A Resident Management of Resident Prepared By:  Earle F. Hites, 8700 Broadway, Incompany Public - Seal	Angie Djuki day of Motary Public Notary Public ident of Lake County  at I have taken reasonable care to redact inless required by law.  Attorney at Law Merrillville, IN 46410
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