STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 024567

2015 APR 23 PM 2: 11

MICHAEL B. BROWN RECORDER

100958633

238760

TO:

Return To:

Irisha Prųitt

Patient: Irisha Pruitt

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

CLERK_ME

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

1308 Roosevelt	
Gary, IN 46404	
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
ofown former indiana 40007	indianapolis, indiana 40204
	METHODIST HOSPITALS, INC., 600 Grant Street, Gary, sien for all reasonable and necessary charges for of the above listed patient as follows:
	cument is
 The patient was admitted to 	
and was discharged from the hospital on	
2. The amount due for hospital above hospitalization is one Thousand S	care, treatment or maintenance during the
(\$ 1,612.50) Dollars. Th	is amount is subject to reduction for any benefits
	the terms of any contract, health plan, or medical
	ts, contractual adjustments, write-offs, and any
other benefit.	ts, contractual adjustments, write-oris, and any
	s knowledge, the patient or the patient's
	following named individuals and/or entities are
	patient's illness or injury causing the hospital
stay:	
mbia riam da badan 600 al munant	to the Warrital Lies Issue T C Continue 20 22 4 is
	to the Hospital Lien Law, I.C. Section 32-33-4 in
	y in which the Hospital is located, within ninety
	ed from the Hospital. The undersigned individual
	duly sworn upon oath, under the penalties of
	al intends to hold the Hospital Lien as described
HI-	et forth in the foregoing statement are true and
correct.	
	THE METHODIST HOSPITALS, INC.
	A Li A Cala
(1)	Angie Djukich
STATE OF INDIANA)	Angi (Djukich)
) ss:	
COUNTY OF LAKE)	
I Angie Djukich	, being a <u>Patient Representative</u> for The
	worn upon oath, says that the facts stated in the
foregoing are true and correct.	
(2)	Ungel But Cel
	Apple Djukich,
Subscribed and sworn to before me,	a Notary Public, this day of
MD/I = 1.2015.	(X)alkier (D) W
- /	WINCE IN D
My Commission Expires:	Notary Public
The 1 days are	A Resident of Lake County
145611-25120-71V	
11/01/10/10/10	
	ury, that I have taken reasonable care to redact
each social security number in this does	ment, unless required by law.
This Instrument Prepared By:	0)
	Hites, Attorney at Law
DEBRA A ROSE 8700 Bro	padway, Merrillville, IN 46410
Notary Public - Seal	11 -
State of Indiana	AMOUNT \$
Lake County	CASHCHARGE
My Commission Expires Apr 23, 2022	011014 70-15/4
	OVERAGEE
	COPY