STATE OF INDIAHA LAKE COUNTY FILED FOR RECORD

2015 024570

2015 APR 23 PM 2: 12

100953715

TO:

238163

MICHAEL B. BROY RECORDER

Return To:

Courteau Givens

Patient: Courteau Givens

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

CLERK_MZ

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

6051 Hemlock Ave	
Gary, IN 46403	
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
IN 46402, intends to hold a Hospital hospital care, treatment or maintenance 1. The patient was admitted to and was discharged from the hospital or	
above hospitalization is Five Thousand (\$ 5,722.00) Dollars. To to which the patient is entitled under insurance, and credits for all payme other benefit. 3. To the best of the Hospital legal representative claims that the	d Seven Hundred Twenty-Two: This amount is subject to reduction for any benefits the terms of any contract, health plan, or medical ents, contractual adjustments, write-offs, and any l's knowledge, the patient or the patient's following named individuals and/or entities are patient's illness or injury causing the hospital
the Office of the Recorder of the Cour (90) days after the patient was dischar executing this instrument, having be perjury, hereby states that the Hospi	t to the Hospital Lien Law, I.C. Section 32-33-4 in the hospital is located, within ninety reged from the Hospital. The undersigned individual en duly sworn upon oath, under the penalties of tal intends to hold the Hospital Lien as described set forth in the foregoing statement are true and THE METHODIST HOSPITALS, INC.
STATE OF INDIANA)) ss:	Applie Djulich
COUNTY OF LAKE)	
I Angie Djukich Methodist Hospitals, Inc., being duly foregoing are true and correct.	, being a <u>Patient Representative</u> for The sworn upon oath, says that the facts stated in the
Subscribed and sworn to before me, 2015.	e, a Notary Public, this day of
My Commission Expires: H5/1-1 23, 20-22	A Resident of Lake County
I affirm, under the penalties for pereach social security number in this do	cument unless required by law.
	F. Hites, Attorney at Law roadway, Merrillville, IN 46410
DEBRA A ROSE Notary Public - Seal State of Indiana Lake County My Commission Expires Apr 23, 2022	AMOUNT \$
•	NON-COM