STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 027142

2015 MAY -6 PK 12: 22

MICHAEL B. BROW... RECORDER

201779348

Olga Garza

TO:

238886

Return To:

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

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

Patient:	Olga Garza	Attorney:	
	4525 Ross Rd		
	Gary, IN 46408		
•			
	Lake County, Indiana		
	Government Center	311 W. Washington Street	
2293 North		Suite 300	
Crown Point	, Indiana 46307	Indianapolis, 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.		Document is April 17 , 2015	
and was disc	charged from the hose	ospital eare, treatment or maintanance during the	
above hospin	talization is wine h	ndred Ninety-Four property of This amount is subject to reduction for any benefits	
to which th	a patient is entit	dualet the terms Recordent ract, health plan, or medical	
		payments, contractual adjustments, write-offs, and any	
other benefi		paymones, contractal adjustments, write ours, and any	
3.		ospital's knowledge, the patient or the patient's	
		t the following named individuals and/or entities are	
	damages arising from	the patient's illness or injury causing the hospital	
stay:			
This	Lien is being filed r	ursuant to the Hospital Lien Law, I.C. Section 32-33-4 in	
the Office	of the Recorder of t	ne County in which the Hospital is located, within ninety	
		discharged from the Hospital. The undersigned individual	
executing t	chis instrument, hav	ing been call sworn upon oath, under the penalties of	
perjury, he	reby states that the	Hospital intends to hold the Hospital Lien as described	
above and t	that the facts and m	atters set forth in the foregoing statement are true and	
correct.			
		THE METHODIST HOSPITALS, INC.	
		(1) Was Evolan Austrill (100 One Alupuch	
STATE OF IN	DIANA	(1) Angle Djukich	
STATE OF IN	) ss:	This population	
COUNTY OF L	,		
I_A	ngie Djukich	, being 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.  (2)  (3)  (4)			
		(2) <u>(Mall Hull (P)</u>	
1 Subsc	ribed and sworn to be	fore me, a Notary Public, this day of	
What	, 2015.	O Book of MI	
11/1/-I-		WILLIAM (I) BO	
My Commissi	on Expires:	Notary Public	
Arr/	232022	A Resident of Lake County	
1/3//	<del>""</del>		
I affirm, weach social	nder the penalties : security number in t	for perjury, that I have taken reasonable care to redact his document, unless required by law.	
This Instru	ment Prepared By:		
Inis institu	ment riepared by.	Earle F. Hites, Attorney at Law	
DER	RA A ROSE	8700 Broadway, Merrillville, IN 46410	
	Public - Seal	•	
State	of Indiana	1/-	
Lak	e County	AMOUNT \$	
wy Commission	Expires Apr 23, 2022	CASHCHARGE	
- 2 3		CHECK#	
		OVERAGEE	
		COPY	