## 2015 030080

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 MAY 15 AM 8: 54

MICHAEL B. BROWN RECORDER

100978333

TO:

Josephine Caradine

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

	Attorney:
1229 W 52nd Dr #H186  Merrillville, IN 46410	
Merrinivitie, in 40410	·
Recorder of Lake County, Indiana	Indiana Department of Insurance
Lake County Government Center 2293 North Main Street	311 W. Washington Street Suite 300
Crown Point, Indiana 46307	Indianapolis, Indiana 46204
	THODIST HOSPITALS, INC., 600 Grant Street, Gary, n for all reasonable and necessary charges for the above listed patient as follows:
1. The patient was admitted to th	e hospital on April 14 , 2015
and was discharged from the hospital on _	April 14 , 2015 .
2. The amount due for hospital ca above hospitalization is <u>Five Hundred</u>	re, treatment or maintenance during the
	amount is subject to reduction for any benefits
to which the patient is entitled under the	e terms of any contract, health plan, or medical
insurance, and credits for all payments, other benefit.	contractual adjustments, write-offs, and any
	knowledge, the patient or the patient's
legal representative claims that the fol	lowing named individuals and/or entities are
	tient's illness or injury causing the hospital
stay:	
	the Hospital Lien Law, I.C. Section 32-33-4 in
	in which the Hospital is located, within ninety
	from the Hospital. The undersigned individual duly sworn upon oath, under the penalties of
	intends to hold the Hospital Lien as described
	forth in the foregoing statement are true and
correct.	THE METHODIST/HOSPITALS, INC.
· - <i>,</i>	BY: Angle Dut ich
STATE OF INDIANA ) ) ss:	Angia Djuki dh
COUNTY OF LAKE )	
T. Barta Bl. M. N	
I Angie Djukich Methodist Hospitals Inc. being duly swo	, being a <u>Patient Representative</u> for The rn upon oath, says that the facts stated in the
foregoing are true and correct.	in upon bach, says that the facts stated in the
(2)	Unque If we con
∑ubscribed and sworn to before me, a	Angie Djukich
Subscribed and sworn to before me, a $1000$ , $100$ , $100$	$\overline{D}$
	Tring Mistone
My Commission Expires:	Notary Public
much 24, 2019	A Resident of <u>Lake</u> County
I affirm, under the penalties for perjury each social security number in this docume	y, that I have taken reasonable care to redact $\widehat{nt}$ , unless required by law.
This Instrument Prepared By:	2
	ites, Attorney at Law
AMOUNT\$ 8700 Broad	way, Merrillville, IN 46410
CASHCHARGE_	
CHECK#	Official Seal
OVERAGE	(SEAL) CISA M. STONE Resident of Lake County. IN
NON-COM	My commission expires March 24, 2019
	Programme and the second secon

NON-COM\_ CLERK\_