## 2015 064944

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 SEP 18 PM 1: 17

MICHAEL B. BROWN RECORDER

201895958

242939



Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

TO:	Josh Van Zyl			
Patient:	Josh Van Zyl	Attorney:		
	10720 N 1100 W			- 111 <del>1</del>
	Demotte, IN 46310	)		
Lake County 2293 North	f Lake County, Indian y Government Center Main Street E, Indiana 46307	311 V Suite	ana Department of I W. Washington Stree e 300 anapolis, Indiana 4	t
IN 46402,	intends to hold a H	that THE METHODIST HOS lospital Lien for all intenance of the above	reasonable and nec	essarv charges for
1. and was dis	The patient was admischarged from the hos	spital on August 20	August 20 ,	2015
above hospi	talization is one	hospital care, treatme	subject to reducti	during the
other benef 3. legal repre	and credits for allit.  To the best of the esentative claims to	lars. This amount is the terms of the the terms of the the following name on the patient's ill	the patient or the ed individuals a	rite-offs, and any patient's nd/or entities are
the Office (90)days af executing to perjury, he	of the Recorder of Eter the patient was this instrument, ha ereby states that th	pursuant to the Hospi the County in which the discharged from the H ving been duly sworn he Hospital intends to matters set forth in	he Hospital is local Hospital. The under upon oath, under hold the Hospital the foregoing stat	ted, within ninety ersigned individual the penalties of Lien as described
		THE METHODI	ST HOSPITALS, INC.	
		(1) BY SEAL	Morrio ALLA	(ch)
STATE OF IN	DIANA )	WOIANA LILIE	Angis Djukich	
COUNTY OF L	) ss: Akt	The state of the s		
			/	
	gie Djukich			sentative for The
Methodist Hospitals, Inc., being duly sworn upon oath says that the facts stated in the foregoing are true and correct.				
	io diao ana odiioot.	(2)	angie AUD	(ch)
			Angie Djukikho	
Subsa	ribed and sworn to b	efore me, a Notary Pub	lic, this	day of
1 ugusc		VIII LA	e Wars	
My Commissi	on Expires:	may contra	Notai	ry Public
Asre	1 23,2022	A Resident		County
			. ,	
each social	security number in	for perjury, that I have document, unless	nave taken reasonal required by law.	ole care to redact
This Instru	ment Prepared By:	20		
A March Constitution A	Character of the Charac	Earle F. Hites, Attor	<del>-</del>	The state of the s
	A A ROSE	8700 Broadway, Merril	lville, IN 46410	
Nutary P State o	Public - Seal of Indiana	ALICUALT & 11-		
Lake	County 🏓	AMOUNT \$ CHARGE		
My Commission E	Expires Apr 23, 2022	CHECK # 20527	r	
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		COPY		
		NON-COM		
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