## 2015 072859

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 OCT 28 PM 1: 01

MICHAEL B. BROWN RECORDER

201917097

TO:

Return To:

Cathy Bowes-McFerren

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

Patient:	Cathy Bowes-McFerren	Attorney:	_
	7346 Hemlock Ave		-
	Gary, IN 46403		·
Popordor of	f Lake County, Indiana	Indiana Department of Insura	nce
	y Government Center	311 W. Washington Street	11100
	Main Street	Suite 300	
	t, Indiana 46307	Indianapolis, Indiana 46204	
IN 46402,	intends to hold a Hospital	METHODIST HOSPITALS, INC., 600 Grant Lien for all reasonable and necessar	ry charges for
		Cutthe 15 ted patient as follo	
and was dis	scharged from the hospital o	Che tospital on September 12 , 201 September 12 , 2015	.5
above hospi	italization is Six Hundr	care, treatment or maintenance during de Seventy and 50/100	g the
		the terms of any contract, health pl	
	and credits for all payme	nts, contractual adjustments, write-	
3.	To the best of the Hospita	's knowledge, the patient or the pati	ent's
	esentative claims that the damages arising from the	following named individuals and/or patient's illness or injury causing	entities are
the Office (90)days as executing perjury, h	of the Rec <mark>order of the Cou</mark> fter the patient was discha- this instrument, having be ereby states that the Hospi	t to the Hospital Lien Law, I.C. Sect try in which the Hospital is located, ged from the Hospital. The undersig an auly storn upon oath, under the lat intends to hold the Hospital Lies set forth in the foregoing statement	within ninety ned individual penalties of n as described
		THE METHODIST HOSPITALS, INC.	
	(1	THE METHODIST HOSPITALS, INC.	h
STATE OF IN		Angie Djukich	
COUNTY OF I	•		
Ť n.	omin Divilii de		
	ngie Djukich	, being a <u>Patient Representa</u> sworn upon oath, says that the facts	tive for The
foregoing a	are true and correct. (2		
an Subse		Angde Djukuch	<u>,                                    </u>
Octobe	$\frac{9}{7}$ , 2015.	e, a Notary Public, this/3/M day o	İ
My Commissi	ion Expires:	Sung M. Stone Notary Pu	
March	24,2019	A Resident of Lake	County
I affirm, each social	under the penalties for per l security number in this do	eury, that I have taken reasonable cument, unless required by law.	care to redact
This Instru	ument Prepared By:		
	1/ 8700 B.	C. Hites, Attorney at Law coadway, Merrillville, IN 46410	
	AMOUNT &CHARGE		
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	OVERAGEE	STONE	· •
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	NON-COM_	i March 24, 201	9
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4215-17	•		
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