STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 072864

2015 OCT 28 PM 1:01

MICHAEL B. BROWN RECORDER

101068030

TO:

Return To:

Shawn Campbell

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

Patient:	Shawn Campbell	Attorney:	
	2949 Elmwood St		
	Portage, IN 46368	<u> </u>	
	Lake County, Indiana	Indiana Department of Insurance	
Lake County Government Center		311 W. Washington Street	
2293 North Main Street Crown Point, Indiana 46307		Suite 300	
Crown Point	, indiana 4630/	Indianapolis, Indiana 46204	
IN 46402, i	intends to hold a Ho	at THE METHODIST HOSPITALS, INC., 600 Grant Street, pital Lien for all reasonable and necessary charge tenance of the above listed patient as follows:	Gary, s for
1. and was dis	The patient was admi	ted to the hospital on September 29 , 2015	
2.	The amount due for h	Ospital care, treatment or maintenance during the Thousand Nine Hundred Sixty-Four and 25/100	
	talization is Twenty	Thousand Nine Hundred Sixty-Four and 25/100	
		Dalter Soufitis Recontder! subject to reduction for	
		s entitled under the terms of any contract, health	
		s for all payments, contractual adjustments, write-	offs,
and any oth 3.		ospital's knowledge, the patient or the patient's	
		t the following named individuals and/or entities	e ara
liable for	damages arising from	the patient's illness or injury causing the hos	nital
stay:		the particle of the not	prear
-			
This	Li <b>en is</b> be <mark>ing filed p</mark>	ursuant to the Hospital Lien Law, I.C. Section 32-33	-4 in
		ne County in which the Hospital is located, within n	
(90)days af	ter the patient was	discharged from the Hospital. The undersigned indiv	idual
executing t	this instrument, have	ng been duly sworn upon oath, under the penaltie	es of
perjury, ne	reby states that the	Hospital intends to hold the Hospital Lien as desc	ribed
correct.	that the racts and ma	tters set forth in the foregoing statement are true	e and
correct.		THE METHODIST HOSPITALS, INC.	
		THE HELIODIST HOSPITALS, INC.	
		(1) Marie Hur Ch	
STATE OF IN	DIANA )	Angie Djukich	
	) ss:	/3 () 3	
COUNTY OF L	AKE )		
<del>.</del> .			
	gie Djukich	, being a <u>Patient Representative</u> for	The
Methodist H	ospitals, inc., being	duly sworn upon oath, says that the facts stated is	n the
Toregoing a.	re true and correct.	(2) (Angue Alux (Ch)	
		(2) Angil Hul (Ch) Angil Djukith fore me, a Notary Public, this 13 day of	
Subsc:	ribed and sworn to be	fore me, a Notary Public, this	
() Choper	, 2015.		
		Sug M. Store	
My Commission	on Expires:	Notary Public	
Mari	1- 31/ 2010	A Resident of <u>Lake</u> County	
_ 1 Kuch	124,2019	-	
I affirm u	under the nonalties f	or porjurem that T have talk	
each social	security number in the	or perjury, that I have taken reasonable care to rais document, unless required by law.	edact
	occurred transfer the ci	its dopument, unless required by law.	
This Instru	ment Prepared By:		
	j	Earle F. Hites, Attorney at Law	
		3700 Broadway, Merrillville, IN 46410	
ARAC	WINT Commence of the commence	_ ,	
JIVIA O C C	d CHICC	and the second s	
्र <sub>ा</sub> नदेशे नार	1 CHARGE CK # 20594 -	Official Sea	
	PAS in a commence of the comme	LISA M. STONE	
	The Contract of the Contract o	Resident of Lake Straffy By Alexander Straffy By	
		Varch 24, 2019	
NOT OUT	HOOM WAY	gar of the market have been a second and the market the	
	The same of the sa		
1)11116	13		
$\propto 770$			