STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 072866

2015 OCT 28 PM 1:01

MICHAEL B. BROWN RECORDER

201909101

244584

TO:

Return To:

Cynthia Castro

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Cynthia Castro	Attorney:	
	443 Bronz e Ave		
	Portage, IN 463	168	
		-	_
Recorder of Lake County, Indiana Indiana Department of Insurance			
	y Government Center		. Washington Street
	Main Street	Suite	
Crown Point	t, Indiana 46307	India	napolis, Indiana 46204
IN 46402,	intends to hold a	. Hospital Lien for all r	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
1. and was dis		admitted to the hospital mospital on September 1	
2.		or hospital care, treatmen	nt or maintenance during the
above hosp:	italization is Sev	venteen Thousand Six Hundi	red Twenty and 75/100
(\$	17,620.75	the Dalter County Reco	order subject to reduction for any
benefits t	o which the patier	nt is entitled under the	terms of any contract, health plan,
		redits for all payments,	contractual adjustments, write-offs,
-4	ner benefit.		
3.			the patient or the patient's
			ed individuals and/or entities are
	damages arising	from the patient's lili	ness or injury causing the hospital
stay:			
This	Lien is being fil	ed nursuant to the Hospit	al Lien Law, I.C. Section 32-33-4 in
			e Hospital is located, within ninety
(90) dave a	fter the patient w	ine discharged from the U	ospital. The undersigned individual
ovoquting	this instrument	having book walks aroun	upon oath, under the penalties of
executing	craby states that	the Hearital intends to	hold the Hospital Lien as described
berlary, u	that the factor	the Hospital Intends to	noid the Hospital Lien as described
	that the facts an	d matters set forth in t	the foregoing statement are true and
correct.		TO A THE STATE OF	NE 1100
		THE DETHODIS	ST HOSPITALS, INC.
		(1) Byrining	Marcia Newslah
STATE OF IN	JDTANA \	(1) Butille	Angid División
01711111 01 11) ss:		Angie Djukigh
COUNTY OF I	· ·	•	
COOMIT OF I	nutre)		
Ιź	Angie Djukich	. being	a Patient Representative for The
Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the			
foregoing are true and correct			
1010901119	TO CIAC ANA COLLC	(2)	(Land Dung (Ph)
		\2/	Lingue Gluckich Argie Djykich
- Subsc	cribed and sworn to	o before me, a Notary Publ	lic this 1877 day of
	<i>y</i> , 2015.	s solve me, a notally last	110, ciii3 day oi
(/ (/ (/ (/ (/ (/ (/ (/ (/ (/ (/ (/ (/ (, 2010.	(Xi)	M. Stone
My Commissi	ion Expires:		Notary Public
11, 00,141,1001	ion inpites.	A Resident o	-
March	12V,2019	A Mesidenic C	of <u>Lake</u> County
,			
I affirm,	under the penaltie	es for perjury, that I h	ave taken reasonable care to redact
each social	L security number i	in this document, unless r	required by law.
m		7	
This Instru	ment Prepared By:		
	,	Earle F. Hites, Attorr	
	1/-	8700 Broadway, Merrill	lville, IN 46410
AMC	Carl Santa		the second secon
7,48	H- nead		Official Seal
::HE	de de de	E	Resident of Lake County M
- 🖈	Commence of the contract of th	1 —	My commission expire:
¥, **	والمتوافق فيدادي والمتعلقية متعافله الواداد والمتعلقة بمياد والمتعلقة والمتادات		March 24, 2019