STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 083566

Nakesha Cannady

COPY. NON-COM. 2015 DEC 16 AM 9: 16

MICHAEL B. BROWN RECORDER

201959368

TO:

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

Patient:	Nakesna Cannady	Attorney:	_
,	560 Delaware #1A		_
	Gary, IN 46402		-
Recorder of	Lake County, Indian	a Indiana Department of Insura	ance
	Government Center	311 W. Washington Street	
2293 North	Main Street	Suite 300	
Crown Point	, Indiana 46307	Indianapolis, Indiana 46204	
You a	re hereby notified t	that THE METHODIST HOSPITALS, INC., 600 Grant	Street, Gary,
		ospital Lien for all reasonable and necessa	
		Document is	: awc
1. and was dis		pitted to the hospital on October 26 , 2015	
2.		hospital care, treatment or maintenance during	ng the
above hospi	talization is Two	Novembruse distincted Fonty and 6/100	
(\$ 2,	340.75) Dol	lars. This amount is subject to reduction for under the terms of any contract, health pl	or any benefits
to which th	e patient is entitle	ed drider the terms of any contract, health pl	lan, or medical
other benef	it.	l payments, contractual adjustments, write-	
3.		Hospital's knowledge, the patient or the patinat the following named individuals and/or	
		om the patient's illness or injury causin	
stay:			g ene nespitai
This	Lien is being filed	pursuant to the Hospital Lien Law, I.C. Sect	tion 32-33-4 in
		the County in which the Hospital is located,	
(90) days af	ter the patient was	discharged from the Hospital. The underside	gned individual
executing t	this instrument, ha	ving beers only sworn upon oath, under the	penalties of
perjury, he	reby states that th	e Hospital intends to hold the Hospital Lie	n as described
	that the facts and r	matters set forth in the foregoing statemen	t are true and
correct.		THE METHODIST HOSPITALS, INC.	
		The state of the s	_
		(1) MANAGER AMORE ALIXA Ch	<i>]</i>
STATE OF IN		Angle Djunich	
COUNTY OF L) SS: AKE)		
	,		
	ngie Djukich	, being a <u>Patient Represent</u>	
		ng duly sworn upon oath says that the facts	stated in the
roregoing a	re true and correct.	(2) Unage, Alix Wh)
		Angle Djukich	
Subsc	ribed and sworn to b	pefore me, a Notary Public, this day of	of
Decembe	<u>M</u> , 2015.	Ring on stand	
My Commissi	on Expires:	Notary P	ublic
DV41-10	21,2019	A Resident of Lake	_ County
I affirm, ι each social	nder the penalties security number in	for perjury, that I have taken reasonable this document, unless required by law.	care to redact
This Instru	ment Prepared By:		
		Earle F. Hites, Attorney at Law	-
	11-	8700 Broadway, Merrillville, IN 46410	
ΔΛΛ	OUNT \$		
CAS		Official S	Seal
CH	ECK#	LISA M. ST	ONE
	ÉRAGE		Lake County IN ssion expires
CC)PY	Warch 24,	2019