STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 085833

2015 DEC 22 AM 11: 47

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NON-COM

246044

MICHAEL B. BROWN RECORDER

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Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

	Stephanie Paliouras Stephanie Paliouras 7031 W 128th Ave Cedar Lake, IN 46303	Attorney:
Lake County 2293 North 1	Lake County, Indiana Government Center Main Street , Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
IN 46402, i	ntends to hold a Hospit re, treatment or maintena	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, al Lien for all reasonable and necessary charges for ance of the above listed patient as follows:
2.	charged from the hospital The amount due for hospi	to the hospital on November 30 , 2015  On November 30 A 2015  ttal care, treatment or maintenance during the end Seventy the property of
( $\frac{\$}{1}$ to which th	070.00 ) Dollars. e patient is entitled unit and credits for all pa	This amount is subject to reduction for any benefits are the units Reconficent ract, health plan, or medical yments, contractual adjustments, write-offs, and any
	sentative claims that t	that's knowledge, the patient or the patient's the following named individuals and/or entities are ne patient's illness or injury causing the hospital
the Office (90)days af executing to perjury, he	of the Recorder of the C ter the patient was disc this instrument, having reby states that the Hos	county in which the Hospital is located, within ninety charged from the Hospital. The undersigned individual been duly sworn upon oath, under the penalties of spital intends to hold the Hospital Lien as described as set forth in the foregoing statement are true and the METHOSIST HOSPITALS, INC.
STATE OF IN	DIANA )	Angie Djukich
COUNTY OF L	AKE )	
Methodist H	Angie Djukich ospitals, Inc., being du re true and correct.	, being a Patient Representative for The ly sworn upon oath, says that the facts stated in the  (2)  Angle Djukich
Declimber Declimber	ribed and sworn to before $1/2$ , 2015.	e me, a Notary Public, this 149 day of
My Commissi	on Expires:	Notary Public
March 2	4,2019	A Resident of Lake County
		perjury, that I have taken reasonable care to redact document, unless required by law.
This Instrument Prepared By:  Earle F. Hites, Attorney at Law		
AMOU CASHL CHEC OVER COPY	NT \$ 8700 	O Broadway, Merrillville, IN 46410  Official Seal  LISA M. STONE  Resident of Lake County, IN My commission expires March 24, 2019