2016 015566

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 MAR 16 PM 1:01

MICHAEL B. BROWN RECORDER

101139792

TO:

Return To:

Albanee Gibson

NON-COM___ CLERK_

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

Patient:	Haniyyah Patterson	Attorney:	
	2212 W 5th Ave #D31		
	Gary, IN 46404		
D	Taba Causta Tadiana	Tudiana Danaukaani	a f Thomas
	Lake County, Indiana Government Center	Indiana Department 311 W. Washington	
		Suite 300	Street
2293 North Main Street Suite 300 Crown Point, Indiana 46307 Indianapolis, Indiana 46204			
CIOWII IOIIIC	, indiana 40507	indianaporis, indi	Luna 10201
IN 46402, i	intends to hold a Hosp	t THE METHODIST HOSPITALS, INC., ital Lien for all reasonable are rance of the above listed patier	nd necessary charges for
1.	The patient was admit	Document 1S ted to the hospital on February 1	14 , 2016
and was dis	charged from the hospid	fal oh February 14 A 2016	
2.		spital care, treatment or mainter	
above hospitalization is Tryes Dundred Evot and 12/19/19/19/19/19/19/19/19/19/19/19/19/19/			
to which th	e patient is entit the	Lake County Recorder! ract.	health plan, or medical
		payments, contractual adjustmen	
other benef.			
3.	To the best of the Hos	spital's knowledge, the patient of	or the patient's
		the following named individu	
	damages arising from	the patient's illness or inju	ry causing the hospital
stay:			
This	Lien is being filed pu	rsuant to the Hospital Lien Law,	T.C. Section 32-33-4 in
		County in which the Hospital i	
		scharged from the Hospital. Th	
		g been duly sworn upon oath,	
		Hospital intends to hold the Ho	
above and that the facts and matters set forth in the foregoing statement are true and			
correct.			
		THE METHODIST HOSPITALS	, INC.
		Atomas Manager	1. 50 1. h
STATE OF IN	DIANA	(1) Angie Djy	froluh
STATE OF IN) ss:	Angre bjoy	CLCII
COUNTY OF LAKE)			
	,		
	gie Djukich		Representative for The
Methodist Hospitals, Inc., being duly sworn upon oath says that the facts stated in the			
foregoing are true and correct.			
		(2) Myll Af	USO VIII
Subsc	ribed and sworn to before	ore me, a Notary Public, this	day of
to bruau	<i>∔</i> , 2016.	() 14 O(00, 01
		_DWG MS FORE	
My Commissi	on Expires:		Notary Public
March	J4, 2019	A Resident of <u>Lake</u>	County
Troverce	54,0017	• -	
I affirm, υ each social	under the penalties fo security number in th	r perjury, that I have taken re is document, unless required by 1	easonable care to redact
marker of the second of the se			
This Instru	ment Prepared By: ${\Gamma}$	arla E Hitas Attornov at Law	
Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410			
1/-			
AMOL	2 1 4 m A M		
CASH		pathinadiand hadimateral	al Seal
CHEC	<i>i</i> —	LISA M.	. STONE
COP'			nt of Lake County IN \$- nmission expires \$
UUF		A WOUNT	E