STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 017474

2016 MAR 22 PM 2: 53

202043692

TO:

Patient:

MICHAEL B. BROWN RECORDER

Return To:

Asha Hunter

Asha Hunter

6904 Olcott Ave

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

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

Attorney:

Hammond, IN 46323	
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
IN 46402, intends to hold a Hospital hospital care, treatment or maintenance	METHODIST HOSPITALS, INC., 600 Grant Street, Gary, Lien for all reasonable and necessary charges for of the above listed patient as follows:
and was discharged from the hospital on  2. The amount due for hospital above hospitalization is Two Thousand (\$ 2,895.29 ) Dollars. The to which the patient is entitled under	care, treatment or maintenance during the
3. To the best of the Hospital' legal representative claims that the	's knowledge, the patient or the patient's following named individuals and/or entities are patient's illness or injury causing the hospital
the Office of the Recorder of the Count (90) days after the patient was discharge executing this instrument, having been perjury, hereby states that the Hospital	to the Hospital Lien Law, I.C. Section 32-33-4 in ty in which the Hospital is located, within ninety ged from the Hospital. The undersigned individual notify sworn upon oath, under the penalties of intends to hold the Hospital Lien as described the foregoing statement are true and THE METHODIST HOSPITALS, INC.
	2 OFAL S S
STATE OF INDIANA )	Angle Djuktch
COUNTY OF LAKE )	
I Angie Djukich Methodist Hospitals, Inc., being duly s	, being a <u>Patient Representative</u> for The worn upon oath, says that the facts stated in the
foregoing are true and correct. (2)	anie Australi
Subscribed and sworn to before me, MacM, 2016.	Angle Djukfch
My Commission Expires:	Notary Public
March 24, 2019	A Resident of Lake County
	ery, that I have taken reasonable care to redact ment, unless required by law.
This Instrument Prepared By:	75
Earle F.	Hites, Attorney at Law
AMOUNT \$ R700 Brooks AMOUNT \$ CHARGE CHARGE CHECK # Z08.66	Official Seal LISA M. STONE
COPYNON-COM	Resident of Lake County. IN My commission expires March 24, 2019