STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MICHAEL B. BROWN RECORDER

101193999

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

Recorder of Lake County, Indiana Lake County Government Center 231 North Main Street Suite 330 Tomor Point, Indiana 6507 You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 6602, intends to hold a Hospital Lien for all researchable and necessary charges for hospital care, creatment or maintained of the above tried patient as follows: 1. The patient was admitted to the booting of the above tried patient as follows: 2. The amount due for hospital tried for the patient as follows: 3. The above hospitalization is ThisThignetic entitle whate to was the above to reduce for non-reduced adjustments, write-offs, and any other benefit. 3. To the best of the Bastist is knowledge, the patient or the patient's legal representative claims that the following maked individuals and/or entitles are libele for danages anising from the patient's illness or injury causing the hospital stay: This Lien is being the parament to the Bestial Lien Law, L.C. Section 32-33-4 in the Office of the Recorder of the County in which che Hospital is located, within ninety (39) days after the patient was dischared from, the Rospital. The undersigned individual executing this instrument, having been the patient, the Respital Lien Law, L.C. Section 32-33-4 in the Office of the Recorder of the County in which che Hospital. The undersigned individual executing this instrument, having been the patient was dischared from the Rospital. The undersigned individual executing this instrument, having been the patient of the Hospital Lien as described above and that the facts and natures of the Law	TO:	Jeffery Bradley	Abb	
Shreveport, LA 71108 Recorder of Lake County, Indiana Lake County Government Center 2733 North Main Street 2733 North Main Street 2733 North Main Street 311 W. Washington Street Suite 300 The partient was sampled that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 6402, intends to hold a Nospital Lien for all responsible and necessary charges for hospital care, treatment or maintenance of the hory titled patient as follows: 1. The patient was sampled to the formation of the hory titled patient as follows: 2. The amount due for morth of the county of the patient of adultion for any benefits to which the patient is continued to the patient of adultion for any benefits to which the patient is continued to the patient of adultion for any benefits to which the patient is continued to wash second forward, he hadren to reduce the patient of adultion for any benefits to which the patient is continued to wash second forward, and credits for all payments, contractual adjustments, write-offs, and any other benefit. 3. To the best of the largested washing and adultion for any benefits are liable for damages arising from the largested washing and adjustments, write-offs, and any other benefit. 3. This Lien is being tiled pursuant to the Respital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which cell Rocpital is located, within minety (90) days after the patient was discharged figure, the Rocpital. The inderspined individual executing this instrument, having been will be applied to the Recorder of the County in which cell Rocpital is located, within minety (90) days after the patient was discharged figure to Hospital. The inderspined individual executing this instrument, having been will be applied to the second statement are true and correct. (2) Subscribed and sworn to before me, a Notary Public, In Mortany Public A Resident of Lake County IN Repairs of Law Roccomposition of the Resident of Lake County IN Repairs of Law Roccomposition of Lake County IN Repairs of Law Rocco	Patient:		ttorney:	
Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307 Crown Point, Indiana 46307 Indianapolis, Indiana 46204 You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 6602, intends to hold a Scapital Lien for all reaconable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows: 1. The patient was admitted to the hospital of May 20 2. The amount due for mospital tag, treatment of the above intended to the hospital of May 20 2. The amount of the property of the decrease during the above hospitalization of This December 10 May 20 2. The amount of the patient of the patie				
IN 46402, intends to hold a Hospital Lion for all reasonable and necessary charges for hospital care, treatment or maintenance of the short lated patient as follows: 1. The patient was admixed to the hospital on May 2, 2016 and was discharged from the hospital but hospital on May 2, 2016 2. The amount due for hospital but hospital on May 2, 2016 (S. 1/23,20) Dollors, This amount is subject to reduction for any benefits to which the patient is entitled moders. Further than the subject to reduction for any benefits to which the patient is entitled moders. County Ecopy German, write-offs, and any other benefit. 3. To the best of the Hispital's short-ade, the patient or the patient's legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury clausing the hospital stay: This Lien is being filed pursuant to the Respital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which the Hospital. The undersigned individual executing this instrument, having been called from the Bospital. The undersigned individual executing this instrument, having been called from the Bospital Lien as described above and that the facts and matters in the foregoing statement are true and correct. (1) STATE OF INDIANA STATE OF INDIANA STATE OF INDIANA SUBSCIEDED AND AND AND AND AND AND AND AND AND AN	Lake County Government Center 311 W. Washington Street 2293 North Main Street Suite 300			
and was discharged from the hoteless to the second of the	IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:			
(S 1,723.20 It which the patient is entitle thank the thought of the patient is entitle thank thought is subject to reduction for any benefits to which the patient is entitle thank thought is subject to reduction for any benefits in which the patient state of the Puspital's knowledge, the patients, write-offs, and any other benefit. 3. To the best of the Puspital's knowledge, the patients, write-offs, and any other benefit. 3. To the best of the Puspital's knowledge, the patients, write-offs, and any other benefit. 3. To the best of the Puspital's knowledge, the patient's legal representative claims that the following maked individuals and/or entities are liable for damages arising from the patient sillness or interv causing the hospital stay: This Lien is being the pursuant to the Respital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which the Rochtal is located, within ninety (90) days after the patient was discharged from the Rospital is located, within ninety (90) days after the patient was discharged from the Rospital is located, within ninety (90) days after the patient was discharged from the Rospital is located, within ninety (90) days after the patient was discharged from the Rospital is located, within ninety (90) days after the patient was discharged from the Rospital is located, within ninety (90) days after the patient was discharged from the Rospital in Law, I.C. Section 32-33-4 in the Office of the Rospital And Puspital Lien as described above and that the facts and matters are the patient within ninety (90) days after the patient was discharged from the Rospital Lien as described above and that the facts and matters are the patient within ninety (90) days after the patient was discharged from the Rospital Lien Law, I.C. Section 32-33-4 in the Rospital Lien Law, I.C. Section 32-33-4 in the Rospital Lien Law, I.C. Section 32-34	and was discharged from the hospital on May 25 CI A 12016 .			
legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay: This Lien is being filed pursuant to the Rospital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which the Hospital is located, within ninety (90) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been the foreign upon oath, under the penalties of perjury, hereby states that the Hospital Them to hold the Rospital Lien as described above and that the facts and matters are true and correct. STATE OF INDIANA SS: COUNTY OF LAKE I Angie Djukich Subscribed and sworn to before me, a Notary Public, this Angie Djukich Wy Commission Expires: ARE COUNTY OF LAKE ARE COUNTY OF LAKE This Instrument Prepared By: Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410 AMOUNT'S CASH CHARGE COPY NON-COM CLERK AND COMPAGE COPY NON-COM CLERK AND COMPAGE COPY March 42, 2019	(\$\frac{1,723.20}{to which the patient is entitled under the unity because the plan, or medical insurance, and credits for all payments, contractual adjustments, write-offs, and any other benefit.			
the Office of the Recorder of the County in which the Bospital is lodated, within ninety (90) days after the patient was discharged from the Bospital. The undersigned individual executing this instrument, having been allowed from the Bospital. The undersigned individual executing this instrument, having been allowed from the Bospital. The undersigned individual executing this instrument, having been allowed from the Bospital Lien as described above and that the facts and matters in the foregoing statement are true and correct. STATE OF INDIANA SS: COUNTY OF LAKE I Angie Djukich Methodist Hospitals, Inc., being duly sworn upon cath, says that the facts stated in the foregoing are true and correct. (2) Subscribed and sworn to before me, a Notary Public, this day of August May Show and Sho	legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital			
COUNTY OF LAKE I Angie 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) Subscribed and sworn to before me, a Notary Public, this day of Aggie Djukich Subscribed and sworn to before me, a Notary Public, this day of Aggie Djukich Subscribed and sworn to before me, a Notary Public, this day of Aggie Djukich Aggie Djukich Aggie Djukich Aggie Djukich Aday Guy Aggie Djukich Aggie Djuki	the Office of the Recorder of the County in which the Hospital is located, within ninety (90) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been only sworn upon oath, under the penalties of perjury, hereby states that the Hospital intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct. THE METHODIST HOSPITALS, INC.			
I 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. (2) May Subscribed and sworn to before me, a Notary Public, this by day of My Commission Expires: My Commission Expires: A Resident of Lake County I affirm, under the penalties for perjury that I have taken reasonable care to redact each social security number in this document, unless required by law. This Instrument Prepared By: Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410 AMOUNT S CASH CHARGE CHECK # 20927 OVERAGE CHECK # 20927 NON-COM CLERK				
Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) Mgie Djykich Aday of Subscribed and sworn to before me, a Notary Public, this day of My Commission Expires: A Resident of Lake County I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. This Instrument Prepared By: Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410 AMOUNT \$ CASHCHARGE	, , , , , , , , , , , , , , , , , , ,			
Subscribed and sworn to before me, a Notary Public, this by day of	Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) (2)			
My Commission Expires: A Resident of Lake County I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. This Instrument Prepared By: Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410 AMOUNT S CASH CHARGE CHECK # 2098 OVERAGE COPY NON-COM CLERK	Subscribed and sworn to before me, a Notary Public, this b^{TM} day of			
A Resident of Lake County I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. This Instrument Prepared By: Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410 AMOUNT \$ CASH CHARGE CHECK # 2098 CHECK # 2098 COPY NON-COM CLERK	- Kuron Mi Som			
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. This Instrument Prepared By: Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410 AMOUNT\$ CASHCHARGE CHECK#_20982 OVERAGECOPYNON-COMCLERK	_			
This Instrument Prepared By: Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410 AMOUNT \$ CASHCHARGE_ CHECK # 2098 OVERAGE_ COPY_ NON-COM_ CLERK OTTORING AMOUNT \$ SEAL LISA M. STONE Resident of Lake County. IN My commission expires March 24, 2019 March 24, 2019	TY piner 24, 2017			
AMOUNT \$ CASHCHARGE CHECK # 20987 OVERAGE COPYNON-COM				
AMOUNT \$ CASHCHARGE_ CHECK # 20787 OVERAGE COPYNON-COM				
	G G G N	MOUNT \$ 8700 Broads ASHCHARGE HECK # 20 93 EVERAGE E OPY ION-COM	Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019	