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MICHAEL B. BROWN RECORDER

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TO:

Marcell Key

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

Patient:	Marcell Key	Attorney:
	7808 S Green St	· · · · · · · · · · · · · · · · · · ·
	Chicago, IL 60620	
Recorder of	Lake County, Indiana	Indiana Department of Insurance
	Government Center	311 W. Washington Street
2293 North 1		Suite 300
	, Indiana 46307	Indianapolis, Indiana 46204
You a	re hereby notified that	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary,
		tal Lien for all reasonable and necessary charges for
hospital car	re, treatment or mainte	Document is
1.	The patient was admitt	ed to the hospital on May 17 , 2016
	charged from the hospit	al on May 17 ( ) 2016 .
2. above hospi	The amount due for hos	pital care, treatment or maintenance during the send One Hundred Seventy-Nine and 54/100
(\$ _1,	179.54) Dollar:	This amount is subject to reduction for any benefits mider the terms of any contract, health plan, or medical
to which th	e patient is entitled t	inderethe terms of any contract, health plan, or medical
insurance, other benef.	_	payments, contractual adjustments, write-offs, and any
3.	To the best of the Hos	pital's knowledge, the patient or the patient's
		the following named individuals and/or entities are
liable for stay:	damages arising from	the patient's illness or injury causing the hospital
This	Lien is being filed pur	rsuant to the Hospital 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 af	ter the patient was di	scharged from the Hospital. The undersigned individual
executing t	this instrument, having	g been duly sworn upon oath, under the penalties of
		ospital intends to hold the Hospital Lien as described
	that the facts and mate	ters set forth in the foregoing statement are true and
correct.		
		THE METHODIST HOSPITALS, INC.
GM2.ME OF 737	D.T. 117	(1) MANAGE MARCH
STATE OF IN	DIANA ) ss:	Anglie Djuktch
COUNTY OF L	•	
T 71	i - Dinki -b	being a Dationt Democratation for Mbo
	ie Djukich ospitals, Inc., being o	, being a <u>Patient Representative</u> for The duly sworn upon oath, says that the facts stated in the
	re true and correct.	
		(2) <u>Ungle Djukith</u>
Subsc	ribed and sworn to befo	ore me, a Notary Public, this day of
June	, 2016.	
/ My Commissi	on Expires:	Notary Public
<b>-</b>	24, 2019 -	A Resident of Lake County
11 (6)(6)	1 ( ) (XOI   -	·
		r perjury, that I have taken reasonable care to redact s document, unless required by law.
This Instrument Prepared By:		
		rle F. Hites, Attorney at Law 00 Broadway, Merrillville, IN 46410
	1.1	
	AMOUNT \$	
	CASH CHARGE	Official Seal
	CHECK#_2098 DVERAGE	(SEAL) Resident of Lake County, IN
	DOPY	My commission expires March 24, 2019  B)), FD
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