STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 037303

2016 JUN 16 AM 11: 29

MICHAEL B. BROWN RECORDER

202145163

TO:

Chavonn Dedeaux

NON-COM

CLERK_

250912

Patient: Tyshundale Dedeaux

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

Attorney:

4187 Jefferson St	•
Gary, IN 46408	
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
orom rozne, marana 1000,	indianaports, indiana 40204
You are hereby notified that THE METHODIS IN 46402, intends to hold a Hospital Lien for hospital care, treatment or maintenance of the a	above Listed patient as follows:
1. The patient was admitted to the hosp	
and was discharged from the hospital on May 03	SICIAI2016
above hospitalization is Tive Thousand Five But	idred Five and 097100
(\$ 5,505.09) Dollars. This amount to which the patient is entitled under the term	t is subject to reduction for any benefits
insurance, and cred <mark>its for all payments, cont</mark>	s of any contract, health plan, or medical ractual adjustments, write-offs, and any
other benefit. 3. To the best of the Hospital's knowledge	odgo, the nations on the nationals
legal representative claims that the following liable for damages arising from the patient' stay:	g named individuals and/or entities are
This Lien is being filed pursuant to the the Office of the Recorder of the County in whi	Hospital Lien Law, I.C. Section 32-33-4 in
(90) days after the patient was discharged from	the Hospital The undersigned individual
executing this instrument, having been duly	sworn upon oath, under the penalties of
perjury, hereby states that the Hospital intend	ds to hold the Hospital Lien as described
above and that the facts and matters set forth	the foregoing statement are true and
correct.	THOEIST HOSPITALS, INC.
TOTAL	
(1) EYDIAN	and Marie De Lew
STATE OF INDIANA	Angje Djukich
COUNTY OF LAKE)	
I Angie Djukich ,	being a <u>Patient</u> Representative for The
Methodist Hospitals, Inc., being duly sworn upo	on oath, says that the facts stated in the
foregoing are true and correct.	() and so sight
(2)	maju grupus
Subscribed and sworn to before me, a Notar	Angle Djukich Ty Public, this day of
7010.	TUSO Me Stone
My Commission Expires:	Notary Public dent of Lake County
March 24, 2019	don't of <u>fanc</u> country
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:	$\widehat{\mathcal{A}}$
Earle F. Hites,	Attorney at Law Merrillville, IN 46410
1 /	
AMOUNT \$	gardine disease included the of the state of
CASHCHARGE	Official Seal LISA M. STONE
CHECK #	ਰੂੰ (₹(SEAL)ਨ) Resident of Lake County, IN ∮
OVERAGE	My commission expires March 24, 2019
COPY	price and home there of wat the mother of the said the said the said the said