STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

## 2016 049648

2016 AUG -2 PM 1: 24

MICHAEL B. BROWN RECORDER

101215075

252283

TO:

Tierney Peterson

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

Patient:	Khadijah Oneal	Attorney:		
	2124 Chase St		<del></del>	<del></del>
	Gary, IN 46404	<del>-</del> 		<del>_</del>
Recorder of	Lake County, Indiana	Indian	na Department of Insu:	rance
	Government Center		. Washington Street	
2293 North	Main Street	Suite		
Crown Point	., Indiana 46307	Indian	napolis, Indiana 4620	4
IN 46402,	are hereby notified the intends to hold a Hos	pital Lien for all r	reasonable and necess	ary charges for
hospital ca	are, treatment or maint	Document 1		lows:
1.	The patient was admit	ted to the hospital o	on July 03 , 20:	16
and was dis 2.	scharged from the hospi The amount due for ho	tal on July 04 cospital care, treatmen		ing the
above hospi	talization is The Tho	usendnsem Hindred Phi	rpentre and 02/100	for one bonefite
to which th	639.02 ) Dolla ne patient is entitled	Lake County Reco	or certract health	of any penetits
insurance.	and credits for all	nayments contractua	adjustments write	praif, or medical
other benef	it.	payments, contractua	ir adjustments, write	e-offs, and any
3.	To the best of the Ho	spital's knowledge, t	he patient or the pa	tient's
legal repre	esentative claims that	the following name	d individuals and/	or entities are
liable for stay:	damages arising from	the patient's illn	ess or injury causi	ng the hospital
This	Lien is being filed p	rsuant to the Hospita	al Lien Law, I.C. Sec	ction 32-33-4 in
the Office	of the Recorder of th	e County in which the	e Hospital is located	d, within ninety
(90) days af	fter the pat <mark>ient was d</mark>	ischarged from the Ho	ospital. The undersi	igned individual
executing ·	this instrument, havi	ng been <b>duly swo</b> rn	upon oath, under th	ne penalties of
perjury, he	ereby states that the	Hospital intends to	hold the Hospital Li	en as described
above and t	that the facts and ma	tters set forth in the	he foregoing stateme:	nt are true and
correct.				
		THE METHODIS	HOSPITALS, INC.	
		(1) WOJANA JULI	Imaxo AURIA	h)
STATE OF IN	DIANA )	The state of the s	Angle Djukich	<del></del>
COUNTY OF L	) ss: AKE )			
I And	rie Djukich	heina	a Patient Represen	tative for The
	lospitals, Inc., being	duly sworn upon oath	says that the fact	s stated in the
foregoing are true and correct.				
		(2)	ingu Husil	UN_
O Subso	ribed and sworn to bef	A Notani Dubl	Angie Djukich	C
July	, 2016.	ore me, a Notary Publ		OI .
Mar Cammi a si		_ Surg	Mistore	
	on Expires:	A Resident o	Notary I f <u>Lake</u>	Public County
<i></i> / - / -				-
I affirm, we ach social	nder the penalties for security number in th	or perjury, that I had is dopament, unless r	equired by law.	care to redact
This Instru	ment Prepared By: $\frac{1}{2}$	arle F. Hites, Attorn	ov at Law	···
	11- 8	700 Broadway, Merrill	-	
	AMOUNI 5	<del>-</del> ·		
	CASHCHANGE		maritiments and a maritiment the section of the sec	Palamenta America and an and a tradition way.
	OVERAGE		Official Sear	ÿ.
	COPY	F	(SEAL) Resident of Lake	
	NON-COM		My commission of March 24, 2019	expires
	CLERK		market mark to me to be a famous of the market market and the market	KANANTATO LA LIVI ARIANTATA LA