STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 049659

2016 AUG -2 PM 1: 25

MICHAEL B. BROWN 'RECORDER

202183848

NON-COM CLERK_

252297

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Dave Williams	<u></u>		
Patient:	Dave Williams	Attorney:		
	2635 W 17th Ave Gary, IN 46404			
	Cary, IN 10101			
	Lake County, Indian		ana Department o	
	y Government Center Main Street		W. Washington St e 300	reet
	Indiana 46307		anapolis, Indian	a 46204
Van			_	
				<pre>00 Grant Street, Gary, necessary charges for</pre>
hospital ca	are, treatment or mai	ntenance of the above	listed patient	as follows:
1.	The patient was adm	Document itted to the hospital	15 on Time 12	2016
- -	scharged from the ho	pital on June 12	TAT 2016 .	
2.		hospital care, treatme		
above hospi		Dusard Six Hindred Silars This amount is		tion for any benefits
to which th	ne patient is entit	se Inake County Rec	CAY Contract, he	ealth plan, or medical
insurance,	and credits for al	1 payments, contracti	ual adjustments,	write-offs, and any
other benef		Hospital's knowledge,	the patient or	the mationt/a
	esentative claims th	nat the following nam	ned individuals	and/or entities are
liable for	damages arising from	om the patient's ill	lness or injury	causing the hospital
stay:				
This	Lien is being filed	pursuant to the Hospi	tal Lien Law, I	.C. Section 32-33-4 in
the Office	of the Recorder of	the County in which t	he Hospital is	ocated, within ninety
executing	this instrument, ha	discharged from the	Hospital. The i	undersigned individual der the penalties of
perjury, he	ereby states that th	e Hospital intends to	hold the Hospi	tal Lien as described
above and	that the facts and r	matters set forth in	the foregoing s	tatement are true and
correct.		THE METHOD	IST HOSPITALS, I	NG.
		E SEAD TO SEA		•
STATE OF IN	וחדמאומ	(1) WOIANA THE	mgu A	ful wh
DIAIE OF IN) ss:		Angle Djuki¢	n
COUNTY OF L	AKE)			
I Ar	ngie Djukich	hoing	r a Pationt Bo	presentative for The
Methodist H	Hospitals, Inc., beir	ng duly sworn upon oat	th, says that th	presentative for The e facts stated in the
foregoing a	re true and correct.			1. 101.
	·	(2)	Angle Djukjel	we win
○ Sybso	ribed and sworn to b	efore me, a Notary Pub	olic, this	M day of
- July	, 2016.	25	a M Claud	
Mv Commissi	on Expires:		3 M. SHOR	otary Public
		A Resident		County
<u>- 7 1 10000</u>	124,2019			
I affirm,	under the penalties	for perjury, that I	have taken reas	onable care to redact
each social	security number in	this document, unless	required by law	•
This Instru	ment Prepared By:	ر 1 کے	6	
		Earle F. Hites, Attor		
	11-	8700 Broadway, Merril	lville, IN 4641	0
	MOUNT \$			
	CASHCHARGE		LIS	ficial Seal A.M. STONE
	OVERAGE		# (≥(SEAL) A Res	sident of Lake County, IN commission expires
	COPY	E	Ma Ma	rch 24, 2019
	10110011 01	-	- " "	