STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 056175

2016 AUG 18 PM 1: 20

MICHAEL B. BROWN RECORDER

101220139

TO:

Don Johnson

NON-COM CLERK_

252727

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

Patient:	Don Johnson	Attorney:
	401 Porter St	
	Gary, IN 46406	
	E Lake County, Indiana Government Center	Indiana Department of Insurance 311 W. Washington Street
-	Main Street	Suite 300
	c, Indiana 46307	Indianapolis, Indiana 46204
		THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary,
		tal Lien for all reasonable and necessary charges for ance of the above listed patient as follows:
_		Document is
1.	The patient was admitted	ed to the hospital on July 13 , 2016
2.	The amount due for hosp	oital care, treatment or maintenance during the
above hospi	talization is Three The	pesandeone i Hurldred : Two lever and 196 200
(\$ 3)	,112.96) Dollars	This amount is subject to reduction for any benefits and the terms of any contract, health plan, or medical
insurance, other benef	and credits for all p	ayments, contractual adjustments, write-offs, and any
3.		pital's knowledge, the patient or the patient's
		the following named individuals and/or entities are the patient's illness or injury causing the hospital
the Office (90)days as executing perjury, he	of the Recorder of the ter the patient was distinct this instrument, having ereby states that the Ho	suant to the Hospital Lien Law, I.C. Section 32-33-4 in County in which the Hospital is located, within ninety scharged from the Hospital. The undersigned individual been duly sworn upon oath, under the penalties of ospital intends to hold the Hospital Lien as described ers set forth in the foregoing statement are true and
		THE METHODIST HOSPITALS, INC.
		(1) WOJANA WITH CONQUE SYLER LCh
STATE OF IN		Angie Djukich
COUNTY OF I) ss: DAKE)	
Т Дг	ngie Djukich	being a Dationt Depresentative for The
Methodist F		, being a <u>Patient Representative</u> for The uly sworn upon oath, says that the facts stated in the
	ribed and sworn to before, 2016.	Angle Djukich ce me, a Notary Public, this May of
My Commissi	on Expires:	Sung M. Stone Notary Public
Marca	24, 2019.	A Resident of Lake County
I affirm, seach social	under the penalties for security number in this	perjury, that I have taken reasonable care to redact socument, unless required by law.
This Instru	ment Prepared By:	
		rle F. Hites, Attorney at Law 00 Broadway, Merrillville, IN 46410
	AMOUNT \$ //~	
	CASHCHARGE CHECK#2//2 %	Official Seal
	OVERAGE	LISA M. STONE Resident of Lake County, IN
	COPY	Resident of Lake County My commission expires March 24, 2019
	NON-COM	March 24, 2010