STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 056183

2016 AUG 18 PM 1:20

MICHAEL B. BROWN RECORDER

101223180

252718 NON-COM

TO:

Beverly Taylor

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

Patient:	Beverly Taylor	Attorney:		
	302 Woods Edge Dr #0	S		<del></del>
	Michigan City, IN 4	<del>5</del> 360		
		_		
	Lake County, Indiana		ana Department of I	
	Government Center		W. Washington Stree	et .
	Main Street		e 300	
Crown Point	, Indiana 46307	Indi	anapolis, Indiana 4	, 6204
7.7				
	re hereby notified tha			
	intends to hold a Hosp			
nospital ca	re, treatment or mainte			IOLLOWS:
1.	The patient was admit	<b>Document</b>	on Thly 19	2016
	charged from the hordi	The Other Hospital	TAT 2016	
2	charged from the hospit The amount due for hos	spital care treatm	ent or maintenance	during the
above bospi	talization is Tix Tho	rsando-Fourt Hurdredo	Ninetwendo 3/100	duling the
(\$ 6,	490.53 ) Dollar	s. This amount is	subject to reducti	on for any benefits
to which th	e patient is entitled	Lake County Re	corder ract, heal	th plan, or medical
	and credits for all			
other benef		Feducation, contained	,	,,
3.	To the best of the Hos	spital's knowledge,	the patient or the	e patient's
legal repre	esentative claims that			
	damages arising from			
stay:		<b>-</b>		
_				
	Lien is bei <mark>ng filed pu</mark>			
the Office	of the Recorder of the	e County in which t	he Hospital is loc	ated, within ninety
(90)days af	ter the pat <mark>ient was di</mark>	scharged from the	Hospital. The und	ersigned individual.
executing t	this instrument, havin	ig been duly sworr	l upon oath, under	the penalties of
perjury, hereby states that the Hospital intends to hold the Hospital Lien as described				
above and that the facts and matters set forth in the foregoing statement are true and				
correct.			A//-	
		THE METHOD	IST HOSPITALS, INC.	
		(1) BYDIANALILIE	Langin Dud	e W
STATE OF IN	DIANA	(1)	Angie Djukich	
011112 01 111	) ss:			
COUNTY OF L	•			
	,			
I_An	gie Djukich	, bein	g a <u>Patient Repr</u> e	esentative for The
Methodist Hospitals, Inc., being duly sworn upon oath pays that the facts stated in the				
foregoing are true and correct.				
(2) (MAN HUX CL				
Angle Djukteb				
Subscribed and sworn to before me, a Notary Public, This grape day of				
Mesus	<u>†</u> , 2016.	2	on Clans	
<i>Q</i>	- ·	<i>()</i> (	ng M. Stone	
My Commissi	on Expires:	7 5 1 1		ry Public
Marci	1 24, 2019	A Resident	of <u>Lake</u>	County
-17 0000	104,00-61			-
I affirm, u	under the penalties fo	r periury that I	have taken reasona	able care to redact
each social	security number in thi	s document, unless	required by law.	.DIC CUIC CO ICUUCE
	•		<b>\</b>	
This Instru	ment Prepared By:			
	Ea	arle F. Hites, Atto	rney at Law	
	87	700 Broadway, Merri	llville, IN 46410	
	. •			
	AMOUNT \$//~		yearst west was transferent to the	The second second second second
	CASHCHARGE		Official Official	al Seal
	CHECK#_2//28			I. STONE nt of Lake County, IN
	OVERAGE	_	My con	nmission expires
	COPY	と		24, 2019
	International Contractions of Contracti			