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MICHAEL B. BROWN RECORDER

101228297

TO:

Nicholas Hill

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2527/3 CLERK_

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

Patient:	Nicholas Hill	Attorney:	
	4222 W 20th Pl		
	Gary, IN 46404		
Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 311 W. Washington Street			
2293 North Main Street Suite 300			
Crown Point, Indiana 46307 Indianapolis, Indiana 46204			
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:			
1. The patient was admitted to the hospital on July 29 , 2016 and was discharged from the hospital on July 29 (1 2016 .			
2. The amount due for hospital care, treatment or maintenance during the			
above hospitalization is The Florence of the Control of the Contr			
insurance, and credits for all payments, contractual adjustments, write-offs, and any			
other benef	it.		
3.	To the best of the Hospi		
			ndividuals and/or entities are or injury causing the hospital
stay:	damages arrising from the	patient's immess	of injury causing the hospital
_			
			en Law, I.C. Section 32-33-4 in
the Office of the Recorder of the County in which the Hospital is located, within ninety			
(90) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been cally sworn 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.			
		THE METHODIST GOS	PITALS, INC.
		THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SE	di an Alah
OMBBE OF THE	DIAMA	(1) WANAGE (M)	gie prive Ch
STATE OF IN		Ang	de Djukich
COUNTY OF LAKE			
	gie Djukich		atient Representative for The
Methodist Hospitals, Inc., being duly sworn upon oath, asys that the facts stated in the			
foregoing are true and correct. (2) (2) (2)			
			ie Djukich
_ Subsc	ribed and sworn to before		
(Project 2016)			
My Commissi	on Evnires:	Burg Me	Notary Public
-	•	A Resident of	-
Marcha	4,2019		
T affirm 1	under the nemalties for	neriury that I have t	akan raasanahla dara to radadt
I 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:			
Earle F. Hites, Attorney at Law			
		Broadway, Merrillville	
	AMOUNT 5 //-		part and the of the state of th
	CASHCHARGE		Official Seal LISA M. STONE
	CHECK#21/28		Resident of Lake County, IN
	OVERAGE		My commission expires March 24, 2019