STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 059189

2016 AUG 30 PM 1: 13

MICHAEL B. BROWN RECORDER

202232600

TO:

Patient:

252988

Annette Mays Annette Mays

3960 Tyler St

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

Attorney:

Gary, IN 46408	
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
You are hereby notified that THE METHODI IN 46402, intends to hold a Hospital Lien fo hospital care, treatment or maintenance of the	above histed patient as follows:
1. The patient was admitted to the ho and was discharged from the hospital on Augu	spital on August 01 , 2016 st 01 , 2016 . treatment or maintenance during the
to which the patient is entitled under the terminsurance, and credits for all payments, conother benefit.	ant is subject to reduction for any benefits the of any contract, health plan, or medical intractual adjustments, write-offs, and any
legal representative claims that the followi liable for damages arising from the patient stay:	ledge, the patient or the patient's ng named individuals and/or entities are c's illness or injury causing the hospital
the Office of the Recorder of the County in w (90) days after the patient was discharged from executing this instrument, having been work perjury, hereby states that the Hospital interabove and that the facts and matters set for correct.	the Hospital. The undersigned individual sworn upon oath, under the penalties of ands to hold the Hospital Lien as described the in the foregoing statement are true and METHODIST HOSPITALS, INC.
STATE OF INDIANA) COUNTY OF LAKE)	Angie Djuktch
	being a <u>Patient Representative</u> for The pon oath, says that the facts stated in the Angle Djukich
Subscribed and sworn to before me, a Nota Culcust, 2016. My Commission Expires:	Public, this <u>And</u> day of Sone Notary Public
	sident of Lake County
I affirm, under the penalties for perjury, the each social security number in this document, the security number is document.	nat I have taken reasonable care to redact unless required by law. Attorney at Law Merrillville, IN 46410
CASHCHARGECHECK#21/50OVERAGEE COPYE NON-COMAC	Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019