STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 059191

2016 AUG 30 PM 1: 13

MICHAEL B. BROWN RECORDER

101228807

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252976

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Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

| | Alexandra Aguirr Alexandra Aguirr 8 Carroll St | | Attorney: | | | |
|--|---|--|--|---|---|--|
| | Hammond, IN 4632 | 0 | | | | |
| Lake County 2293 North | Lake County, India Government Center Main Street , Indiana 46307 | ana | 311 W. Suite 3 | Department of Washington St 00 polis, Indiar | reet | |
| IN 46402, i | re hereby notified ntends to hold a re, treatment or ma | Hospital Lie | en for all re | asonable and sted patient | necessary ch | |
| above hospi (\$ 5, to which th insurance, | e patient is entit and credits for a | mitted to the point of the poin | The Part of Charles of | or maintenar westyyForf ar bject to redu contract, h | d 79/100 lection for any ealth plan, o | benefits |
| | it. To the best of the sentative claims damages arising f | that the fol | llowing named | individual | s and/or ent: | ities are |
| the Office (90)days af executing t perjury, he | Lien is being file of the Recorder of ter the patient wathis instrument, hereby states that the facts and | the County s discharged aving been the Hospital matters | in which the form the Hos duly sworn u intends to h | Hospital is spital. The pon oath, un old the Hospite foregoing s | located, with undersigned inder the penalital Lien as statement are | in ninety ndividual alties of described |
| STATE OF IN | DIANA) | (1) | A SOLAN ALLE | Angid Djukid | fux ich | |
| COUNTY OF LA | AKE) | | | | | |
| Methodist H | gie Djukich ospitals, Inc., be re true and correct | ing duly swo | , being a | Patient Response to the says that the says the | | for The ed in the |
| Quesust | ribed and sworn to | before me, a | | | nd day of | |
| My Commission | | | Dung M | 1. store | Motary Public | |
| 20 | 24, 2019 | | A Resident of | | Coun | ty |
| each social | nder the penalties security number in ment Prepared By: | this docume | y, that I have nt, unless re ites, Attorne | quired by law | sonable care | - :o redact |
| | AMOUNT \$CHARGE_CHECK #2 //50 OVĒRĀĞEOPYNON-COMA(| | way, Merrillv | ille, IN 4641 | icial Seal A.M. STONE ident of Lake Courty commission excues ch 24, 2018 | |