STATE OF INGIANA
LAKE COUNTY
FILED FOR RECORD

2017 004344

2017 JAN 19 AM 9: 46

MICHAEL B. BROWN RECORDER

101292802

TO:

256785

Charisse Allen

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

Patient:	Marissa Allen	Attorney:	
	575 Maryland St		
	Gary, IN 46402		
Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 311 W. Washington Street			
	h Main Street	Suite 300	
Crown Point, Indiana 46307 Indianapolis, Indiana 46204			
		that THE METHODIST HOSPITALS, INC., 600 Grant Street, Ga	
	care, treatment or mai	Interance of the above listed patient as follows: Document 18 mitted to the hospital on November 28 , 2016	
	ischarged from the ho	hospital on November 28 A 2016 . hospital care, treatment or maintenance during the	
above hosp	pitalization is Theis	Housend Feur fundred Fight and 74/100	
(\$	1,408.74) Dol	lars. This amount is subject to reduction for any benef	îits
other bene	, and credits for al	l payments, contractual adjustments, write-offs, and	any
3.	To the best of the	Hospital's knowledge, the patient or the patient's	
liable fo stay:	r damages arising fr	hat the following named individuals and/or entities om the patient's illness or injury causing the hospi	are Ital
the Office	e of the Recorder of	pursuant to the Hospital Lien Law, I.C. Section 32-33-4 the County in which the Hospital is located, within nin	netv
(90)days a	after the patient was	discharged from the Hospital. The undersigned individ	dual
executing	this instrument, ha	ving been duly sworn upon oath, under the penalties	of
above and	that the facts and	e Hospital intends to hold the Hospital Lien as descri	bed.
correct.		statement are true	and
		THE METHODIST HOSPITALS, INC.	
		(1) MANAGER CHOOKE ALLE WA	
STATE OF 1	INDIANA)	(1) And Hull Co	
COLUMNIA OF) ss:		
COUNTY OF	LAKE)		
I Ar	ngie Djukich	, being a <u>Patient Representative</u> for	The
Methodist	Hospitals, Inc., being	ng duly sworn upon oath, says that the facts stated in	the
foregoing	are true and correct.	(2) <u>Ingué A we we</u>	
Subs Walder	soribed and sworn to have \mathcal{H} , 2016.	pefore me, a Notary Public, this	
My Commiss	sion Expires:	- Julia Guerra Bubbia	
Ant	1/ 73,700	A Resident of Lake County	
I affirm, each socia	under the penalties al security number in	for perjury, that I have taken reasonable care to red this document, unless required by law.	lact
	rument Prepared By:	2	
Inis insti	nument riepared by:	Earle F. Hites, Attorney at Law	
	DEBRA A ROSE Notary Public - Seal	8700 Broadway, Merrillville, IN 46410	
1	State of Indiana Lake County	AMOUNT \$	
My Comm	nission Expires Apr 23, 2022	CASHCHARGE	
		CHECK#2/396	
		OVERAGEE	
		COPY	

CLERK_