STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 004345

2017 JAN 19 AM 9: 46

MICHAEL B. BROWN RECORDER

101289347

256786

TO:



Karen Porter

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

10.	Maren Forcer	
Patient:	Karen Porter	Attorney:
	8137 S Damen	
	Chicago, IL 60620	
Recorder o	f Lake County, Indian	Indiana Department of Insurance
	y Government Center	311 W. Washington Street
	Main Street	Suite 300
Crown Poin	t, Indiana 46307	Indianapolis, Indiana 46204
		- ·
IN 46402, hospital c	intends to hold a H are, treatment or mai The patient was adm	that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, ospital Lien for all reasonable and necessary charges for necessary of the above listed patient as follows:
and was di	The amount due for	pital on November 20 A 2016 hospital care, treatment or maintenance during the
	The amount due for	mospital care, treatment of maintenance during the
above nosp	italization is Iwent	Thousand Nine thur dred Sexty and 90/100
(<u>\$</u>	20,960.90	Dollars. This amount is subject to reduction for any contract, health plan,
benefits t	o which the patient	is entitled under the terms of any contract, health plan,
or medical	insurance, and cred	its for all payments, contractual adjustments, write-offs,
and any of	her benefit.	Tel all payments, contractual adjustments, write oris,
3.	To the pest of the	Hospital's knowledge, the patient or the patient's
legal repr	esentative claims t	nat the following named individuals and/or entities are
liable for	damages arising fr	om the patient's illness or injury causing the hospital
stay:	3	adding the hospital
scay.		
mh i a	Tion is held for	
Inis	Lien is being filed	pursuant to the Hospital Lien 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 a	fter the patient was	discharged from the Hospital. The undersigned individual
executing	this instrument ha	ving been duly sworn upon oath, under the penalties of
non-inner h	enits institutent, na	ving been dary swarn upon oath, under the penalties of
perjury, n	ereby states that the	e 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 METHOSIST HOSPITALS, INC.
		THE TIST HOSE TALLS, THE
		MILAND SOLL MARKET NICHOLOGICAL MILANDES AND LOCAL MARKET NICHOLOGICAL MARKET NICHOLOGICA MARKE
OBBER 05 -		(1) Marie Magal Dublich
STATE OF I	NDIANA)	Andie Djukich
) ss:	
COUNTY OF 1	LAKE)	
	,	
T 2	ngie Djukich	
		, being a <u>Patient Representative</u> for The
Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the		
foregoing are true and correct.		
		(2) (Imale Dustin)
/		- Chique ky ha at
V 0-1		Angle Djuktoh
Dialos		efore me, a Notary Public, this Maday of
[]][][][][][][][][][][][][][][][][][][1/1/ , 2016.	
	re y	
My Commiss:	ion Expires:	TORKER WINDS
	LOIT EXPERCES.	Wotary Public
1850	フノベルースファ	A Resident of Lake County
- ' ' [· '		
I affirm,	under the penalties	for perjury, that I have taken reasonable care to redact
each social	l security number in	this document, unless required by law.
oudi. Eddau.	r becarrey number in	this document, unless required by law.
This Instan	mant Darman D.	
IIIIS INSUN	ument Prepared By:	
)	EBRA A ROSE	Earle F. Hites, Attorney at Law
- ·	ary Public - Seal	8700 Broadway, Merrillville, IN 46410
67	•	
State of Indiana		
	Lake County	AMOUNT \$
My Commiss	ion Expires Apr 23, 2022	
		CASHCHARGE
CHECK#2/39//_		
		OVERAGE
		COPY
		NON-COM

CLERK___