STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 004346

2017 JAH 19 AM 9: 47

MICHAEL B. BROWN RECORDER

202360593

256790

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

TO:	Donald Mitchell			
Patient:	Donald Mitchell	Attorney:	r r	
•	4300 Buchanan St		· · · · · · · · · · · · · · · · · · ·	
•	Gary, IN 46408		·	
-				
	Lake County, India		na Department of Insurance	
	Government Center		. Washington Street	
2293 North 1		Suite		
Crown Point,	, Indiana 46307	India	napolis, Indiana 46204	
IN 46402, i	ntends to hold a 1	Hospital Lien for all m	PITALS, INC., 600 Grant Street, Ga reasonable and necessary charges listed patient as follows:	ry, for
	charged from the ho	mitted to the hospital of periods of the mitted to be the hospital on becomber 03	December 03 , 2016	
2.	The amount due for	hospital care, treatmen	nt or maintenance during the	
above hospit	talization is Tone	Tiousend Two Histire Fig	hty Four and 60/100 subject to reduction for any benef	
to which the	204.00) Do	he Lake County Rec	order to reduction for any benef	its
insurance.	and credits for a	11 payments contractive	al adjustments, write-offs, and	cal
other benefi	it.	ii payments, contractus	ar adjustments, write-offs, and	any
3.		Hospital's knowledge	the patient or the patient's	
	sentative claims t	that the following name	ed individuals and/or entities	are
liable for	damages arising fr	rom the patient's ill	ness or injury causing the hospi	tal
stay:			and any and another	
m\-i- 1				
the Office	Lien is being filed	pursuant to the Hospit	al Lien Law, I.C. Section 32-33-4	in
(90) days aft	tor the nations	the County in which the	e Hospital is located, within nin	ety
executing t	his instrument h	aving been duly storm	ospital. The undersigned individ	ual
perjury, her	reby states that the	he Hospital intende to	upon oath, under the penalties hold the Hospital Lien as describ	, of
above and t	hat the facts and	matters set forth in t	he foregoing statement are true	bed
correct.	nac circ racab and	maccers sec 191611 141 C	ne loregoing statement are true	and
		THE METHODIS	STY HOSPITALS, INC.	
		JEAN SEAL STATE OF THE SEAL ST	HOSFITALS, INC.	
		(1) WAS GIAN THE	mass surich	
STATE OF IND	DIANA)		Angie Djukich	
COUNTY OF LA) SS:			
COUNTY OF LA	ine)			
I And	gie Djukich	, being	a <u>Patient Representative</u> for	Tho
		ng duly sworn upon oath	says that the facts stated in	the
foregoing ar	e true and correct	•		CIIG
		(2)	Image DINA (ch)	
			Angie Djukich	
Subscr	ibed and sworn to b	before me, a N ϵ tary Publ	ic, this May of	
10/////////	1 , 2016.		e Basil	
Mar Camming		-1()///IC	018/108	
My Commissio	on Expires:	o desci-l	Notary Public	
Unal	フィン・フィンファ	A Resident o	of <u>Lake</u> County	
-{ <i> } } -</i>	17000		,	
I affirm, u	nder the penalties	for periuty. that I h	ave taken reasonable care to reda	- ماسم
each social	security number in	this document, unless r	required by law	100
		3		
This Instrum	ent Prepared By:			
	_	Earle F. Hites, Attorn	ey at Law	
DER	RA A ROSE	8700 Broadway, Merrill	ville, IN 46410	
Notary	Public - Seal	. (
State	of Indiana	AMOUNTS // -	_	
Lai	ke County	CASHCHARGE		
	Expires Apr 23 2022	CHECK# 2/396		
		OVERAGE	F	
		COPY		
		NON-COM	-	

CLERK_