STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 047090

2017 JUL 28 PM 1: 12

MICHAEL B. BROWN RECORDER

202566881

CLERK_

265275

TO:

Return To:

Ebony Hopkins

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Ebony Hopkins	Attorney:
3879 Adams St	
Gary, IN 46408	
Recorder of Lake County, Indiana	Indiana Department of Insurance
Lake County Government Center	311 W. Washington Street
2293 North Main Street	Suite 300
Crown Point, Indiana 46307	
Crown Point, Indiana 46307	Indianapolis, Indiana 46204
	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, tal Lien for all reasonable and necessary charges for
hospital care, treatment or mainte	nance of the above listed patient as follows:
1. The patient was admitt	Document is de to the hospital on June 24 , 2017
and was discharged from the happing. 2. The amount due for hos	oital care, treatment or maintenance during the
above hospitalization is rose Thou	sand Seven Hundred Ninety-Nine and 57/100
(\$ 1,799.57) Dollars	This amount is subject to reduction for any benefits race County Recorder ract, health plan, or medical
insurance, and credits for all	ayments, contractual adjustments, write-offs, and any
other benefit.	
	oital's knowledge, the patient or the patient's
	the following named individuals and/or entities are
stay:	the patient's illness or injury causing the hospital
	suant 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 after the patient was di	scharged from the Hospital. The undersigned individual
executing this instrument, having	been the penalties of
perjury, hereby states that the H	ospital intends to hold the Hospital Lien as described
	ers tot forth o the foregoing statement are true and
correct.	
	THE METHODIST HOSPITALS, INC.
	JEAN STATE OF THE
	(1) WOLLD STORY ALLER WAY
STATE OF INDIANA	Angle Djukich
) ss:	
COUNTY OF LAKE)	
I Angie Djukich	, being a <u>Patient Representative</u> for The
	duly sworn upon oath, says that the facts stated in the
foregoing are true and correct.	(2) Unave Aruse WA
	Angie Dukich
Subscribed and sworn to befo	
<u>- Garly</u> , 2017.	Bury Mestore
My Commission Expires:	Notary Public
March 24, 2019	A Resident ofLake County
T - ffirm under the manalties for	mariate that I have taken reasonable gave to reduct
	periory, that I have taken reasonable care to redact s document, unless required by law.
This Instrument Prepared By:	
Ea	rle F. Hites, Attorney at Law 00 Broadway, Merrillville, IN 46410
5-	Jo Diodanay, Hollittavillo, in 10110
AMOUNT \$ 25	and the country of the confidence of the confide
CASHCHARGE	RYPU Official Seal
CHECK # 2/792	ISA M. STONE
OVERAGEE	SEAL A Resident of Lake County. IN My commission expires
COPY	Walcii 24, 2019
NON-COM	Secretary County of the County Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary