STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MICHAEL B. BROWN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Andrea A	pr 31 (2003)	A. Landerson	
Patient: Andrea A	Alberdeen St	ttorney:	
Chicago,	IL 60620		
Recorder of Lake Coun Lake County Governmen 2293 North Main Stree Crown Point, Indiana	t Center t	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204	
IN 46402, intends to hospital care, treatm	hold a Hospital Lien ent or maintenance of	for all reasonable and necessary charges for the above listed patient as follows:	
and was discharged fr 2. The amoun		e, treatment or maintenance during the	
above hospitalization	This Document	is the property of 17/100	
insurance, and credi other benefit.	ts for all payments,	mount is subject to reduction for any benefits the state of the plan, or medical contractual adjustments, write-offs, and any nowledge, the patient or the patient's	
legal representative	claims that the foll	owing named individuals and/or entities are ient's illness or injury causing the hospital	
This 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 after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been dilly sworn upon oath, under the penalties of perjury, hereby states that the 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 METHODIST HOSPITALS, INC.			
STATE OF INDIANA	(1)	DIANA MILE CA	
COUNTY OF LAKE) ss:		
I Angie Djuki	ch	, being a Patient Representative for The	
Methodist Hospitals, Inc., being duly sworn upon oath says that the facts stated in the foregoing are true and correct.			
loregoing are true an	(2)	lingue of we ich	
Subscribed and sworn to before me, a Notary Public, this day of			
My Commission Expires	-	Notary Public	
March 24, 2019		Resident of Lake County	
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.			
This Instrument Prepared By: Earle F. Hites, Attorney at Law			
AMOUNT \$. CASHCHECK #OVERAGE_COPYNON-COM_CLERK	25- CHARGE_ 2/796 E	Official Seal LISA M. STONE Resident of Lake County. IN My commission expires March 24, 2019	