STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 047365

2017 JUL 31 PH 1: 22

MICHAEL B. BROWN RECORDER

202567285

TO:

Return To:

Lorraine J Nay

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Lorraine J Nay	Attorne	y:	
	1617 Valencia Dr	161	v *	
	Crown Point, IN 46	307		
Recorder of	Lake County, Indiana	In	diana Department o	f Insurance
	Government Center		1 W. Washington St	
2293 North			ite 300	
	, Indiana 46307		dianapolis, Indian	a 46204
Van a	re berebu netified t	hat THE METHODIST I	IOCDITATE THE 60	00 Grant Street, Gary,
IN 46402, i		spital Lien for al	l reasonable and	necessary charges for
noopical ca	/	Documen	IT IS	
1.	The patient was admi			2017
and was dis	charged from the hose The amount due for			ce during the
above hospi	talization is Think	Ondred Twenty-Five	and 69/100 of	tion for any benefits
to which th	e patient is entit	e Lake County R	Recordent ract, he	ealth plan, or medical
				write-offs, and any
other benef				17
3.	To the best of the i			the patient's and/or entities are
				causing the hospital
stay:	damages arrising in	m the patients	illiness of impuly	causing the hospital
Thic	Tion is boing filed	numeriant to the West	mital lien law T	.C. Section 32-33-4 in
				ocated, within ninety
				andersigned individual
executing t	this instrument, have	ring been dillesses	orn upon oath. ur	der the penalties of
				tal Lien as described
				tatement are true and
correct.			3	
		THE METH	ODIST HOSPITALS, I	NC.
		(1) WOIANA LUI	ST DOOM DO	which
STATE OF IN	DIANA	(1) ODDIANA	Angle Djukich	a wo
	) ss:			
COUNTY OF L	AKE )			
I Ang	ie Djukich	, be:	ing a Patient Re	presentative for The
Methodist H	ospitals, Inc., bein			e facts stated in the
foregoing a	re true and correct.	(0)	Marin News	2 ich
		(2)	Angie Djukich	X LC/C
Subsc	ribed and sworn to be	efore me, a Notary		day of
Chelia	, 2017.	1	. 2 2/	
		Ou	29 MISTO	ne
My Commissi	on Expires:	7 Dogádo		otary Public
March	24,2019	A Reside	nt of <u>Lake</u>	County
I affirm, u	under the penalties	for perjury, that	I have taken reas	onable care to redact
	security number in t			
This Instru	ment Prepared By:	2		
	25-	Earle F. Hites, At 8700 Broadway, Mer		n
AMOUNT	T\$	o / OU broadway, Mer	LIIIVIIIE, IN 4041	v
CASH	CHARGE			
CHECK	#		and made in the state of the st	the to the second
OVERA	GIT		LISA M. STON	al IE
COPY_	OM AC		My commission	ake County IN &
NON-C	. /		March 24, 20	19

COPY\_ NON-COM\_ CLERK\_