STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 087170

2017 DEC 26 PM 3: 15 MICHAEL B. BROWN RECORDER

101459218

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270784

CLERK\_ JAB

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Antonio Washington Antonio Washington			
	430 S Grand Blvd F Gary, IN 46403	409	(	
	Gary, IN 40405			
Lake County 2293 North I	Lake County, Indiana Government Center Main Street , Indiana 46307	311 V Suite	ana Department of Insu W. Washington Street e 300 anapolis, Indiana 4620	
You a	re hereby notified t	hat THE METHODIST HOS	SPITALS, INC., 600 Gra	nt Street, Gary,
	re, treatment or main	tenance of the above	reasonable and necess	lows:
1.	The patient was adm:	tted to the hospital	15 on October 14 , 201	7
2.	charged from the hor	ospital care, treatme	ent or maintenance dur	ing the
	128.95 Doll	ars. This amount is	wenty-Eight and 95/100 subject to reduction	for any benefits
to which the	e patient is entit <b>te</b> and credits for all	e Inake Gountys Re	coydon ract, health pual adjustments, writ	plan, or medical
3.	To the best of the I		the patient or the pa	
			ned individuals and/ lness or injury causi	
the Office (90)days af executing to perjury, he	of the Recorder of t ter the patient was his instrument, hav reby states that the	he County in which to discharged from the ring been (NIW) from the Hospital Intende to atters set forth a	tal Lien Law, I.C. See he Hospital is located Hospital. The understal upon oath, under the hold the Hospital Lithe foregoing statements.	d, within ninety igned individual he penalties of len as described
		THE METHOD	IST HOSPITALS, INC.	
GMAME OF TW		(1) OJANA	Magle Ajustich	)
STATE OF IN	) ss:		Ang¶e Djuk∦ch	
COUNTY OF LA	AKE )			
Methodist H	gie Djukich ospitals, Inc., bein re true and correct.		th, says that the fact	
		35 (00)	Angle Djuklch	
Deambl	ribed and sworn to be $\frac{1}{1}$ , 2017.	efore me, a Notary Pul	blic, this <u>18</u> day	of
My Commission	on Expires:		Notary	
march.	24,2019	A Resident	of <u>Lake</u>	County
		for perjury, that I this document, unless	have taken reasonable required by law.	care to redact
This Instru	ment Prepared By:	Earle F. Hites, Attor 8700 Broadway, Merri	-	
AMOUI CASH_ CHECK OVER/ COPY.	CHARGE C# 22/1/2 AGE E	•	Official Sear LISA M. STONE Resident of Lake Coun My commission expire March 24, 2019	- Section of the sect