STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 087174

2017 DEC 26 PM 3: 15

101452796

TO:

MICHAEL B. BROWN RECORDER

Return To:

Carline Jones

Patient: Carline Jones

COPY\_\_\_\_

270188

VON-COM TO

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

4660 Van Buren St Gary, IN 46408	
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
IN 46402, intends to hold a Hosp hospital care, treatment or maintain	t THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, pital Lien for all reasonable and necessary charges for enance of the above listed patient as follows:
and was discharged from the hospital 2. The amount due for hospital and the same an	ted to the hospital on October 03 , 2017  tal on October 03 , 2017  spital care, treatment or maintenance during the
to which the patient is entitled	This amount is subject to reduction for any benefits index the terms of Cany Contract, health plan, or medical payments, contractual adjustments, write-offs, and any
3. To the best of the Hollegal representative claims that	spital's knowledge, the patient or the patient's the following named individuals and/or entities are the patient's illness or injury causing the hospital
the Office of the Recorder of the (90)days after the patient was diexecuting this instrument, having perjury, hereby states that the	rsuant to the Mospital Lien Law, I.C. Section 32-33-4 in a County in which the Hospital is located, within ninety ischarged from the Hospital. The undersigned individual and been duly sworn upon oath, under the penalties of Hospital intends to hold the Hospital Lien as described ters set forth in the foregoing statement are true and THE METHODIST MOSPITALS, INC.
STATE OF INDIANA )	Angile Djukich
COUNTY OF LAKE	
I Angie Djukich , 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.  (2)  Angie Djukich  Angie Djukich	
Subscribed and sworn to before 2017.	ore me, a Notary Public, this <u>201</u> 0 day of
My Commission Expires:	Notary Public
March 24,2019	A 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.	
	arle F. Hites, Attorney at Law
25 - 8'	700 Broadway, Merrillville, IN 46410
CHECK#CHARGE	Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019