STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 043902

2019 JUL 18 PM 1:28

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MICHAEL B. BROWN RECORDER

NON-COM.

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LISA STONE Notary Public - Seal Lake County - State of Indiana Commission Number NP0624702 My Commission Expires Mar 24, 2027

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Michelle L Wilson		
Patient:	Michelle L Wilson	Attorney:	Glen Lerner
	4645 Cleveland St	_	140 E Cermak Rd
	Gary, IN 46408	-	Chicago, IL 60616
	Lake County, Indiana	India	na Department of Insurance
	Government Center		. Washington Street
	Main Street	Suite	
Crown Point	, Indiana 46307	India	napolis, Indiana 46204
IN 46402,	intends to hold a Hosp	ital Lien for all :	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
1. and was dis	The patient was admitt scharged from the hospit	ed to the hospital	on June 07 , 2019
2.	The amount due for hos	spital care, treatme	nt or maintenance during the
above hospi	talization is Seven II	oeusandı Fisyel Hync	redrive & 78/100
(5 7,54)	45.78) Dollar	Lake County Rec	subject to reduction for any benefits
insurance.	and credits for all	navments, contractu	any contract, health plan, or medical al adjustments, write-offs, and any
other benef	iit.	payments, contracta	ar adjustments, write orrs, and any
3.			the patient or the patient's
legal repre	esentative claims that	the following name	ed individuals and/or entities are
stay:	damages arising from	the patient's ill	ness or injury causing the hospital
-	Lien is being filed put	rsuant to the Hospit	al Lien Law, I.C. Section 32-33-4 in
the Office	of the Recorder of the	County in which th	e Hospital is located, within ninety
(90)days af	ter the patient was di	scharged from the H	ospital. The undersigned individual
			upon oath, under the penalties of hold the Hospital Lien as described
			the foregoing statement are true and
correct.			ST HOSPITALS, INC.
		(1) DO ANA LILIAN (mark here ich
STATE OF IN	IDIANA) ss:	127 Commission	Argie Djykich
COUNTY OF L	D-811 10-11-11-11-11-11-11-11-11-11-11-11-11-1		
	gie Djukich		a <u>Patient Representative</u> for The by says that the facts stated in the
	are true and correct.	. /	1
		$(2) \qquad \qquad \bigcup$	Apple Djuklch n
Subsc	ribed and sworn to befo , 2019.	ore me, a Notary Pub	lic, this /8 day of
My Commissi	on Expires:	- Nusq	Notary Public
Maun 2	4 2027	A Resident	of <u>Lake</u> County
	under the penalties for security number in thi		have taken reasonable care to redact required by law.
This Instru		regory A. Spokowski,	
Aîvî	OUNT \$ 25-	00 Broadway, Merril	IVIIIE, IN 40410
CAS	SH CHARGE	B	
OH OV	ECK#E	. c	LISA STONE Notary Public - Seal Lake County - State of Indiana