STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 043904

2019 JUL 18 PM 1:28

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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: Patient:	Noble Dennie	Attorney:		
ruorono.	1976 Ohio St			
2	Gary, IN 46407			
Lake County 2293 North	Lake County, Indian Government Center Main Street , Indiana 46307	311 W Suite	ana Department of Insurance W. Washington Street e 300 anapolis, Indiana 46204	
IN 46402, i	ntends to hold a Ho	spital Lien for all	PITALS, INC., 600 Grant Street, Gary reasonable and necessary charges for listed patient as follows:	
1. and was dis	charged from the ha	itted to the hospital pital on May 02 (
above hospi (\$ 5, to which th	talization is 151ve. 896.56 Doll e patient is entitle and credits for al it.	Dousand Eights tindred are. This amount is c Irake Gountys Reco	Ninety-Six and 56/100 subject to reduction for any benefit condentract, health plan, or medica ual adjustments, write-offs, and an	11
3. legal repre liable for stay:	sentative claims th	at the following nam	the patient or the patient's ned individuals and/or entities are lness or injury causing the hospital	re il
the Office (90)days af executing t perjury, he	of the Recorder of ter the patient was this instrument, have reby states that the	the County in which the discharged from the Horizon to Holy Storm to Hospital intends to matters set forth to THE METHODI	tal Lien Law, I.C. Section 32-33-4 in the Hospital is located, within ninet Hospital. The undersigned individual upon oath, under the penalties of hold the Hospital Lien as described the foregoing statement are true and IST HOSPITALS, INC.	y al of ed
STATE OF IN) ss:	(1) WANDANA	Angle Djukigh	
COUNTY OF L	,			
Methodist H	ie Djukich ospitals, Inc., bein re true and correct.	g duly sworn upon oat	g a <u>Patient Representative</u> for Th	
		(2)efore me, a Notary Pub	Angile Djukich Mangile Djukich Mangile Djukich Mangile Djukich Mangile Djukich Mangile Djukich Mangile Djukich	
Gune	, 2019.	Rusa	Stone	
My Commission	71/ 0027	A Resident	Notary Public ofLake County	
11100	under the penalties	for perjury, that I	have taken reasonable care to redac	:t
each social	security number in	this document, unless		
This Instru	ment Prepared By:	Gregory A. Sobkowski, 8700 Broadway, Merril		
0.00/100	AMOUNTS 25 CASH CHARUS CHESK# 23567 OVERAGE COPY NOW COM	E	LISA STONE Notary Public - Seal Lake County - State of Indiana Commission Number NP0624702 My Commission Expires Mar 24, 2027	