## STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 043905

2019 JUL 18 PM 1:28

MICHAEL B. BROWN RECORDER

101607969

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

	O: Robert Edwards Attorney:	
	8840 S Ridgeland Ave Chicago, IL 60617	
1	ecorder of Lake County, Indiana Indiana Department of Insurance ake County Government Center 311 W. Washington Street Suite 300 rown Point, Indiana 46307 Indianapolis, Indiana 46204	
	You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gan 46402, intends to hold a Hospital Lien for all reasonable and necessary charges ospital care, treatment or maintenance of the above listed patient as follows:	
č	1. The patient was admitted to the hospital on May 06 , 2019 .	
ć	2. The amount due for hospital care, treatment or maintenance during the bove hospitalization is One Thousand Forty-Nine and 62/100  (\$ 1,049.62 This language transmission for any benefit	::+-
2	o which the patient is entitled under the terms of any contract, health plan, or medinsurance, and credits for all payments, contractual adjustments, write-offs, and ther benefit.	cal
	3. To the best of the Nospital's knowledge, the patient or the patient's egal representative claims that the following named individuals and/or entities iable for damages arising from the patient's illness or injury causing the hospitay:	
I	This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 he Office of the Recorder of the County in which the Hospital is located, within nir 90)days after the patient was discharged from the Hospital. The undersigned individual ecuting this instrument, having been duly sworn upon oath, under the penalties erjury, hereby states that the Hospital liberal to hold the Hospital Lien as described and that the facts and matters see forth to the foregoing statement are true correct.	nety dual of bed
	THE METHODIST HOSPITALS, INC.	
:	TATE OF INDIANA ) (1) Angi Djukich	
(	OUNTY OF LAKE )	
	I Angie Djukich , being a Patient Representative for ethodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in oregoing are true and correct.	The
	(2)Angie Djukich	
	Subscribed and sworn to before me, a Notary Public, this 1910 day of 1/2	
1	y Commission Expires:  Notary Public	
	Much 24,7027  A Resident of Lake County	
	affirm, under the penalties for perjury, that I have taken reasonable care to recach social security number in this document, unless required by law.	dact
	This Instrument Prepared By:  Gregory A. Sobkowski, Attorney at Law	
	AMOUNT 5 25 - 8700 Broadway, Merrillville, IN 46410	
	CASH CHARGE E LISA STONE Notary Public - Seal	
	COPY  Lake County - State of Indiana  Commission Number NP0624702  My Commission Expires Mar 24, 2027	
2	8410	