STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 043906

2019 JUL 18 PM 1:28

101607934

TO:

MICHAEL B. BROWN RECORDER

Return To:

Frank Pulling

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

	Frank Pulling	Attorney:		
	10963 S Vincennes A	₹ve		
	Chicago, IL 60643			
Lake County 2293 North 1	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W Suite	na Department of Insura . Washington Street 300 .napolis, Indiana 46204	nce
			201 Carlotte	
IN 46402, i hospital ca: 1.	ntends to hold a Hos	connect of the above to the to the hospital	on May 05 , 201	ry charges for ws:
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Two Tlousand One Himdied Bighteen and \$70×100				
above hospii	118 70	Description of the This amount is	and 70×100	r any benefits
to which the insurance, other benef:	and credits for all it.	payments, contractu	subject to reduction for the patient or the patient or the patient.	offs, and any
legal repre	sentative claims tha	t the following name	ed individuals and/or ness or injury causing	entities are
the Office (90)days af executing t perjury, he	of the Recorder of the ter the patient was of this instrument, having reby states that the	ne County in which the discharged from the Hands of the Hands of the Hospital intended to the second terms are forth to the second terms are the second terms and the second terms are the second term	tal Lien Law, I.C. Sect ne Hospital is located, Hospital. The undersig upon oath, under the hold the Hospital Lien the foregoing statement	within ninety ned individual penalties of n as described are true and
(1) WOJANA WITH COURS ALUD Wh				
STATE OF INDIANA) Angle Djukich				
COUNTY OF LA	AKE)			
Methodist H	gie Djukich ospitals, Inc., being re true and correct.		a Patient Representa h, says that the facts Myll Julich Angle Djukich	
Subscribed and sworn to before me, a Notary Public, this day of				
June	, 2019.	Dung	Stone	
My Commissio	on Expires:		Notary Pu	blic
Marcha	14, 2027	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.				
This Instrum	ment Prepared By:	XUX LUC		
		Gregory A Sobkowski, 3700 Broadway, Merril		
ρ	AMOUNT \$	7700 bloadway, Helli.	IVILLE, IN 40410	
	CASH CHARGE 23567 CHECK# 23567 COPY NON-COM	E	LISA STONE Notary Public - Seal Lake County - State of Indiana Commission Number NP0624702 My Commission Expires Mar 24, 20	227
	CLERIK V			