STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 043915

2019 JUL 18 PM 1:29

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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: Joseph D Striblin

Joseph D Striblin

3823 Elm St #2FT

East Chicago, IN 46312

Attorney:

Hensley Legal Group

117 E Washington St #200 Indianapolis, IN 46204

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

You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for

hospital care, treatment or main tenance of the above listed patient as follows: The patient was admi 1. and was discharged from the hashital on May 18 (2019).

The amount due for hospital care, treatment or maintenance during the above hospitalization is TorisvI industribution is The seven and 49/100 (\$ 48,357.49) Pollars. This amount is subject to reduction for any benefits to which the patient is each lead under Recorders of any contract, health plan, or medical insurance, and credits for all payments, contractual adjustments, write-offs, and any other benefit. 3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay: This Lien is being filed pursuant to the Mespital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which the Hospital is located, within ninety (90) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been dily sworn upon oath, under the penalties of perjury, hereby states that the Hospital intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.

THE METHODIST HOSPITALS, INC. STATE OF INDIANA SS: 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. BIDOUN (2)Angie Djykich Th Subscribed and sworn to before me, a Notary Public, me, 2019. Commission Expires: Notary Public A Resident of Naul 24, 2027 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 Instrument Prepared By:

Gregory A Sociouski Attorney at Law

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Gregory A. Son lowski, Attorney at Law 8700 Broadway, Merrillville, IN 46410

AMOUNT \$_ CASH____CHA CHECK#_ OVERAGE. COPY_ NON-COM. CLERK OF

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

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