STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 043917

2019 JUL 18 PM 1:29

MICHAEL B. BROWN RECORDER

101611199

TO:

Return To:

Ernest Morgan

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Ernest Morgan	Attorney:	
	1905 Bury Circle D Crest Hill, IL 604		
Lake Count 2293 North	f Lake County, Indiana y Government Center Main Street t, Indiana 46307	311 V Suite	ana Department of Insurance W. Washington Street e 300 anapolis, Indiana 46204
IN 46402, hospital c.  1. and was diag. above hosp.	intends to hold a Ho are, treatment or main The patient was admi scharged from the hour The amount due for italization is	tenance of the above tenance o	2019 . ent or maintenance during the lundred Twenty Five and 90/100
(\$ benefits to medical and any other)	o which the patienth insurance, and credither benefit.	pollars. This and the large Research Re	Contractual adjustments, write-offs,
	resentative claims the	at the following name	the patient or the patient's ned individuals and/or entities are lness or injury causing the hospital
the Office (90)days a executing perjury, h	of the Recorder of the fiter the patient was this instrument, have ereby states that the	the County in which to discharged from the ring been dilly sworn to Hospital intends to atters set forth or	tal Lien Law, I.C. Section 32-33-4 in he Hospital is located, within ninety 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.
STATE OF I	NDIANA )	(1) DIANA JULIE	Angje Djukigh
COUNTY OF LAKE )			
Methodist	ngie Djukich Hospitals, Inc., bein are true and correct.		a Patient Representative for The the says that the facts stated in the
Subscribed and sworn to before me, a Notary Public, this 19 day of , 2019.			
My Commiss	ion Expires:	Dring	Stone Notary Public
Mand	h ay 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 Instr	ument Prepared By:	Gregory A. Sopkowski, 8700 Broadway, Merri	Attorney at Law llville, IN 46410
288420	AMOUNT \$ 25 CHARGE CHARGE 235 7.7 CHECK # 235 7.7 CHARGE COPY NON-GOM CLERK	E	LISA STONE Notary Public - Seal Lake County - State of Indiana Commission Number NP0624702 My Commission Expires Mar 24, 2027
200/20			