STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 043920

2019 JUL 18 PM 1:29

101611419

288423



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:	Zhane Edwards		
Patient:	Zhane Edwards	Attorney:	
	953 Durbin St	_	
	Gary, IN 46406	-	
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W. Wash Suite 300	artment of Insurance ington Street s, Indiana 46204
V011 2	re hereby notified the	+ THE METHODIST HOSDITALS	INC., 600 Grant Street, Gary,
IN 46402,	intends to hold a Hosp re, treatment or mainte	ital Lien for all reasons than the standard of the above listed Document is	able and necessary charges for patient as follows:
1. and was dis 2.	charged from the hospit	al do May 21 () A 22 spital care, treatment or r	19
above hospi	talization is This The	usandent listlined forcert	and 79/100 to reduction for any benefits
to which th	e patient is entitled and credits for all	Linder the terms of carry con	tract, health plan, or medical ustments, write-offs, and any
3. legal repre liable for stay:	esentative claims that	spital's knowledge, the pat the following named in the patient's illness o	dividuals and/or entities are r injury causing the hospital
the Office (90)days af executing to perjury, he	of the Recorder of the ter the patient was di this instrument, havin creby states that the R	County in which the Hosp scharged from the Hospita g been only sworn upon Hospital intends to hold ters set forth in the for	n Law, I.C. Section 32-33-4 in ital is located, within ninety l. The undersigned individual oath, under the penalties of the Hospital Lien as described regoing statement are true and
		THE METHODIST HOSE	
STATE OF IN		(1) Angle	Djukidh
COUNTY OF L	AKE)		
I Ana	ie Djukich	, being a Pa	tient Representative for The
Methodist Hospitals, Inc., being duly sworn upon oath says that the facts stated in the foregoing are true and correct.			
ioregoing a	re tide and correct.	(2) <u>Imgu</u>	e gullet
June	ribed and sworn to befo , 2019.	Angle re me, a Notary Public, th	
My Commissi	on Expires:	DIWIN SIST	Notary Public
March	24,2027	A Resident of La	county
		r perjury, that I have ta s document, unless require	ken reasonable care to redact d by law.
This Instru		egory A. Sobkpwski, Attorr	
	AMOUNT 5 35- 87	00 Broadway, Merrillville,	IN 46410
(CASHCHARGECHECK#CASTCOVERAGEE	° Co	LISA STONE Notary Public - Seal ake County - State of Indiana mmission Number NP0624702 ommission Expires Mar 24, 2027
	NON-GOM - AL		