2019 043922

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 JUL 18 PM 1:30

MICHAEL B. BROWN RECORDER

101612029

288425

Return To:

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Kesean Sutton			
Patient:	Kesean Sutton	Attorney:		
	3924 W 10th Ave			
	Gary, IN 46408		2	
Lake County 2293 North N	Lake County, Indian Government Center Main Street , Indiana 46307	311 V Suite	ana Department of I W. Washington Stree e 300 anapolis, Indiana	et
IN 46402, i	ntends to hold a H	that THE METHODIST HOS ospital Lien for all ntenance of the above	reasonable and ne	cessary charges for
2. above hospit	charged from the hor The amount due for talization is Tours	itted to the hospital nital on May 23 , hospital care, treatment for identification	ent or maintenance Forty and 10/100	
to which the	e patient is entitle and credits for al it.	lars. This amount is the Lander Chounty's Re-	CAFCENtract, head wal adjustments,	th plan, or medical write-offs, and any
	sentative claims the	Hospital's knowledge, nat the following name of the patient's il	med individuals	and/or entities are
the Office (90)days af executing t perjury, he	of the Recorder of ter the patient was his instrument, ha reby states that th	JEAL SEAL STATE	he Hospital is look Hospital. The under upon oath, under hold the Hospital the foregoing states. INC.	ated, within ninety dersigned individual r the penalties of l Lien as described tement are true and
STATE OF IN	DIANA)	(1) WADIANA	Angie Djukich	
COUNTY OF LA	AKE)			
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. (2) Angie Djukich Angie Djukich				
Subsc	ribed and sworn to b , 2019.	efore me, a Notary Pul		day of
My Commission	on Expires:	_0 / 007 /		ary Public
March.	24, 2029	A Resident	of Lake	County
		for perjury, that I this document, unless		able care to redact
This Instru	ment Prepared By:		, Attorney at Law	
(AMOUNT - 25 - CASHCHARGE CHECK # 23577 OVERAGE COPYNON-GOMCLERK	8700 Broadway, Merri	LISA STON Notary Public Lake County - Stat Commission Number	c - Seal e of Indiana r NP0624702