## STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 043924

2019 JUL 18 PM 1:30

203062098

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:	Sara Gernenz					
Patient:	Sara	Gernenz Coldspring R	At	torney:		
7-		Point, IN 4				
-	CIOWII	POINC, IN 4	0307		-	
Recorder of Lake County, Indiana Indiana Department of Insurance						
Lake County Government Center 311 W. Washington Street 2293 North Main Street Suite 300						
Crown Point, Indiana 46307 Indianapolis, Indiana 46204						ana 46204
	20					
IN 46402, i	ntends	to hold a H	ospital Lien ntenance of t	for all		600 Grant Street, Gary, d necessary charges for as follows:
1. and was disc	charged	tient was adm	itted to the	hospital V 24	T2019 .	2019
2. The amount due for hospital care, treatment or maintenance during the						
above hospitalization is Trace Hundred Fifty Fight and 79/100  (\$ 1.358.79 ) Dollars. This amount is subject to reduction for any benefits						
(\$ 1,358.79 ) Dollars. This amount is subject to reduction for any benefits to which the patient is entitled under the track the track, health plan, or medical insurance, and credits for all payments, contractual adjustments, write-offs, and any other benefit.						
3.		best of the	Hospital's kn	owledge,	the patient or	the patient's
	sentat:	ive claims th	at the follo	wing nam	ed individua	and/or entities are causing the hospital
						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 wally 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 but forth on the foregoing statement are true and						
correct.  THE METHODIST HOSPITALS, INC.						
			E vin	AL	/ / /	
CTATE OF THE	חדאאוא		(1) W. BY	MANATHIE	my Division	rus wh
STATE OF INDIANA ) Angle Djukich						
COUNTY OF LA	AKE	)				
	gie Dj					Representative for The
Methodist Hospitals, Inc., being duly sworn upon oath says that the facts stated in the foregoing are true and correct.						
Toregoing an	re true	e and correct.	(2)	(	Mal Av	of lich
Subsci	ribed a	ind sworn to b	efore me, a N	otary Pub		day of
June	, 20	19.		LI	lano	1 100
My Commission	on Evni	x00.	O <del></del>	(1) (1) G	Dora	Notary Public
1			А	Resident	of Lake	County
Monen						
					have taken reared by le	asonable care to redact aw.
This Instru	ment Pr	repared By:	Gregory A. S		Attorney at I	
	AMOUNT CASH	5 25 - CHARGE	8700 Broadwa	y <b>y</b> Merri]	llville, IN 464	110
	CHECK	23577			7	TONE
	OVERAG	E	E		LISA ST Notary Pub	lic - Seal
	COPY NON-GO	16/1	A CONTRACTOR OF THE CONTRACTOR		Lake County - St Commission Numb	
	CLERK_	UB)			My Commission Exp	ires Mar 24, 2027

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