STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 043925

2019 JUL 18 PM 1:30

101612030

TO:

MICHAEL B. BROWN RECORDER

Return To:

Emmanuel Sutton

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient: Emmanuel Sutton	Attorney: Schiller Law Offices
1419 Jefferson St	210 E. Main St
Gary, IN 46407	Carmel, IN 46032
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
IN 46402, intends to hold a Hosp hospital care, treatment or mainter and was discharged from the hospital care above hospitalization is treatment (\$\frac{26,250.04}{26,250.04}\$ benefits to which the patienths or medical insurance, and credits and any other benefit. 3. To the best of the Hospitalization is treatment to the Hospitalization is treatment to the hospitalization is the Hospitalization is the Hospitalization is the Hospitalization in the Hospitalization is the Hospitalization in the Hospitalization is the Hospitalization in the Hospitalization in the Hospitalization is the Hospitalization in the Hospitalization in the Hospitalization is the Hospitalization in the Hospitalization in the Hospitalization is the Hospitalization in the Hospitalization in the Hospitalization is the Hospitalization in the Hospitalization in the Hospitalization is the Hospitalization in the Hospitalization in the Hospitalization is the Hospitalization in the Hospitalization in the Hospitalization is the Hospitalization in the Hospitalization in the Hospitalization is the Hospitalization in the Hospitalization in the Hospitalization is the Hospitalization in the Hospit	is Thousand Two Hundred Fifty and 04/100 Collars. This amount is subject to reduction for any Contract, health plan, for all payments, contractual adjustments, write-offs, pital's knowledge, the patient or the patient's
legal representative claims that	the following named individuals and/or entities are the patient's illness or injury causing the hospital
the Office of the Recorder of the (90)days after the patient was disexecuting this instrument, having perjury, hereby states that the H	County in which the Hospital is located, within ninety scharged from the Hospital. The undersigned individual govern the Hospital. The undersigned individual govern the Hospital with the penalties of ospital intends to hold the Hospital Lien as described ters set forth in the foregoing statement are true and the METHODIST HOSPITALS, INC.
STATE OF INDIANA)) ss:	Applie Djykich
COUNTY OF LAKE)	
foregoing are true and correct.	, being a <u>Patient Representative</u> for The duly sworn upon oath, says that the facts stated in the (2) Angie Dyukich re me, a Notary Public, this / Sun day of
June, 2019.	Lung Stone
My Commission Expires:	Notary Public
March 24, 2027	A Resident of Lake County
	perjury, that I have taken reasonable care to redact something of the second se

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

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

288428

This Instrument Prepared By:

AMOUNT \$

CHECK#_ OVERAGE_ COPY_ NON-COM_ CLERK___