2019-075115

2019 Oct 31

10:12 AM

STATE OF INDIANA LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

101637559

NON-UGW_

CLERK_

294535

DD

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Joella Barber			
Patient:	Joella Barber	Attorney:		
	4680 Harrison St			
	Gary, IN 46408			
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 V Suite	ana Department of W. Washington Stre e 300 anapolis, Indiana	eet
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:				
above hospi (\$ 2, to which th	charged from the hose The amount due for talization is Two 1613.63) Doll e patient is entitle	itted to the hospital pital on September hospital care, treatment of the september in the september is accordance to the terms of a payments, contracts	on September 17 2019 ent or maintenance ed Thirteen & C subject to reduct any contract, hea	during the 53/100 ion for any benefits 1th plan, or medical
other benef 3. legal repre	it. To the best of the Pesentative claims th	Hospital's knowledge, at the following name on the patient's ill	the patient or the	ne patient's and/or entities are
the Office (90) days af executing to perjury, he	of the Recorder of the ter the patient was this instrument, have reby states that the	pursuant to the Hospi the County in which to discharged from the ving been duly sworn a Hospital intends to latters set forth in	he Hospital is lo Hospital. The un upon oath, unde hold the Hospita the foregoing sta	cated, within ninety dersigned individual er the penalties of al Lien as described atement are true and
STATE OF INDIANA) Angily Djukijch State of Indiana)				
COUNTY OF LAKE)				
Methodist H	gie Djukich ospitals, Inc., bein re true and correct.			resentative for The facts stated in the
(2) Mgie Hus ien				
October, 2019.				
My Commissi	on Expires:	- W19	Not	ary Public
Mauch	24.2127	A Resident	of Lake	County
I affirm, u	under the penalties	for perjury, that I this document, unless Gregory A. Sobkowski, 8700 Broadway, Merril	Attorney at Law	nable care to redact
0	MOUNT \$ 25 ASH CHARGE CHARGE 23846 DV AAGE	E	LISA STONE Notary Public - Lake County - State (Commission Number N My Commission Expires A	Seal of Indian