2019-086309

2019 Dec 13

9:38 AM

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

203135597

Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Leandra Wilson	_	
Patient:	Leandrea Wilson	Attorney:	
	1127 Webster St		
	Redlands, CA 92374		
	Lake County, Indiana	Indiana Department of Insurance	
	Government Center	311 W. Washington Street	
	Main Street	Suite 300	
Crown Point	, Indiana 46307	Indianapolis, Indiana 46204	
		t THE METHODIST HOSPITALS, INC., 600 Grant Street,	
		oital Lien for all reasonable and necessary charge	es for
nospital ca		enance of the above listed patient as follows:	
1.	The patient was admit	ted to the hospital on October 05 , 2019	
	charged from the hospi	cal on October 05 2019	
2.		spital care, treatment or maintenance during the	
		undred Eighty-Eight and 38/100c	- enefits
		Indee Goungs Recondentract, health plan, or r	
		payments, contractual adjustments, write-offs, a	nd any
other benef 3.		spital's knowledge, the patient or the patient's	
	esentative claims that	the following named individuals and/or entiti	es are
		the patient's illness or injury causing the ho	
stay:			
Thie	Lien is being filed no	rsuant to the Hospital Lien Law, I.C. Section 32-3	33-4 in
		County in which the Hospital is located, within	
		scharged from the Hospital. The undersigned indig been cully sworn upon oath, under the penalt	
executing t	this instrument, havin	ng been duly sworn upon oath, under the penalt	ies of
		Hospital intends to hold the Hospital Lien as des ters set forth in the foregoing statement are tr	
correct.	that the facts and mat	ters set for in the foregoing statement are the	ue and
33223331		THE METHODIST HOSPITALS, INC.	
		(1) ADJANA JULIA MOLIE AVISE WAY	
STATE OF IN	DTANA	Argue Djukich	
DIAIL OF IN) ss:	Angue bjargen	
COUNTY OF L	AKE)		
Τ λ	de Diuldeb	hains a Dationt Danwagantative f	or Tho
	gie Djukich Hospitals, Inc., being	, being a <u>Patient Representative</u> for duly sworn upon oath, says that the facts stated	
	re true and correct.	dury sworm upon outing super char can ruste season	211 0113
		(2) Ingle Gispich	
Gl	williad and account to be 6	Andrie Djykich Ja	
	eribed and sworn to ber	ore me, a Notary Public, this \(\sigma \) day of	
<i>p</i> (0 - (<i>p</i> - 1)	<u></u> ,	Dusa Stone	
My Commissi	on Expires:	Notary Public	
March	24,2027	A Resident of Lake County	
Joenne 10	7 1720		
		r perjury, that I have taken reasonable care to	redact
each social	security number in th	is document, unless required by law.	
This Instru	ment Prepared By:	Alley O DZ	
		regory A. Sobkowski, Attorney at Law	
	76-	700 Broadway, Merrillville, IN 46410	
	MOUNT \$		
	ASH_CHANGE	LISA STONE 1.	
	HEUK # 2393/_ OVERAGE	Notary Public - Seal	
	COPY	Lake County - State of Indiana Commission Number NP0624702	
	ION-COM	My Commission Expires Mar 24, 2027	

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CLERK__