2020-081069

2020 Nov 6

8:35 AM

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

101780485

Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN TO: Cristian Anaya Cristian Anaya Patient: Attorney: 4003 Pulaski

East Chicago, IN 46312

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 Hospital Lien fo hospital care, treatment or maintenance of the	above listed patient as follows:
1. The patient was admitted to the hor	spital on September 20 , 2020
and was discharged from the haspital on Sept. 2. The amount due for hospital care,	treatment or maintenance during the
above hospitalization is Twent Done Thousants	The hypered Fifty-Two
(\$ 21,452.00) Dollars. The benefits to which the patienths language.	Recorded of any contract health plan
or medical insurance, and credits for all pay	ments, contractual adjustments, write-offs.
and any other benefit.	mones, conclusival adjustments, write oris,
3. To the best of the Hospital's know.	ledge, the patient or the patient's
legal representative claims that the following	ng named individuals and/or entities are
liable for damages arising from the patient	's illness or injury causing the hospital
stay:	
This lien is being filed nursuant to the	Hospital Lien Law, I.C. Section 32-33-4 in
the Office of the Recorder of the County in w	high the Hospital is located within ninety
(90) days after the patient was discharged from	
executing this instrument, having been daily	
perjury, hereby states that the Hospital inte	
above and that the facts and matters set for	th in the foregoing statement are true and
correct.	
THE	METHODIST HOSPITALS, INC.
(1) VOIA	And Division of which
STATE OF INDIANA	Angle Djukich
) ss:	
COUNTY OF LAKE)	
	being a <u>Patient Representative</u> for The
Methodist Hospitals, Inc., being duly sworn up	on oath, says that the facts stated in the
foregoing are true and correct. (2)	Cinque Spork whi
	Angle Djukich
Subscribed and sworn to before me, a Nota	ary Public, this day of
U91/11/1 , 2020.	VIBILA LONS
My Commission Expires:	Notary Public
- //	dent of Lake (County)
1991/1 (D) 10 11 My Co	ommission No:
	DEBRA A ROSE Notary Public - Seal
	Notary Public State of Indiana
EXECUTED AND DELIVERED in my presence	Lake County
Lusa Hour	Commission Expires Apr 23, 202
Witness's	s Signature] My Commission
1 > -1	25
Witness: Usa Stone [Witness	ness'e Printed Name] AMOUNI \$ 25-

CASH___CHARGE_ CHECK#__24800

OVERAGE. COPY_ NON-COM. CLERK_

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STATE OF INDIANA))SS:

Before a Notary Public in and for said County and State, personally appeared [Witness's Name], being know to me to be the person whose name is subscribed as a witness to the foregoing instrument, who, being duly sworn by me, deposes and says that the forgoing instrument was executed and delivered by _ patient representative of The Methodist Hospitals, Inc. in the above-named subscribing witness's presence, and that the above-named subscribing witness is not a party to the transaction described in the foregoing instrument and not receive any interest in or proceeds from the property the This Document is the property my hand DEBRA A ROSE the Lake County Recorder Notary Public - \$eal State of Indiana Lake County Public My Commission Expires Apr 23, 20 My Commission Expires: Resident of My Commission Number

I affirm, under the penalties for perfury that I have taken reasonable care to redact each social security number in this document, unless required by law.

This Instrument Prepared By:

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