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2020-081070

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

2020 Nov 6

8:35 AM

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

**SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN**

TO: Shanicqua Speight  
Patient: Shanicqua Speight  
2318 Georgia St  
Gary, IN 46407

Attorney: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recorder of Lake County, Indiana  
Lake County Government Center  
2293 North Main Street  
Crown Point, Indiana 46307

Indiana Department of Insurance  
311 W. Washington Street  
Suite 300  
Indianapolis, Indiana 46204

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:

1. The patient was admitted to the hospital on September 19, 2020 and was discharged from the hospital on September 19, 2020.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is ~~Three Thousand Six Hundred Fifty and 25/100~~ (\$ 3,650.25 ) Dollars. This amount is subject to reduction for any benefits to which the patient is entitled under the terms of any contract, health plan, or medical insurance, and credits for all payments, contractual adjustments, write-offs, and any other benefit.

3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following 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 pursuant to the Hospital Lien Law, 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 duly 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 set forth in the foregoing statement are true and correct.

(1) \_\_\_\_\_  
Angie Djukich

STATE OF INDIANA )  
  ) ss:  
COUNTY OF LAKE )

I Angie Djukich, being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

(2) \_\_\_\_\_  
Angie Djukich

October, 2020. Subscribed and sworn to before me, a Notary Public, this 19th day of \_\_\_\_\_

My Commission Expires: April 23, 2022

\_\_\_\_\_  
Notary Public  
Resident of Lake County  
My Commission No: NPO653049

EXECUTED AND DELIVERED in my presence  
Lucy Stone

[Witness's Signature]



Witness: Lucy Stone [Witness's Printed Name]

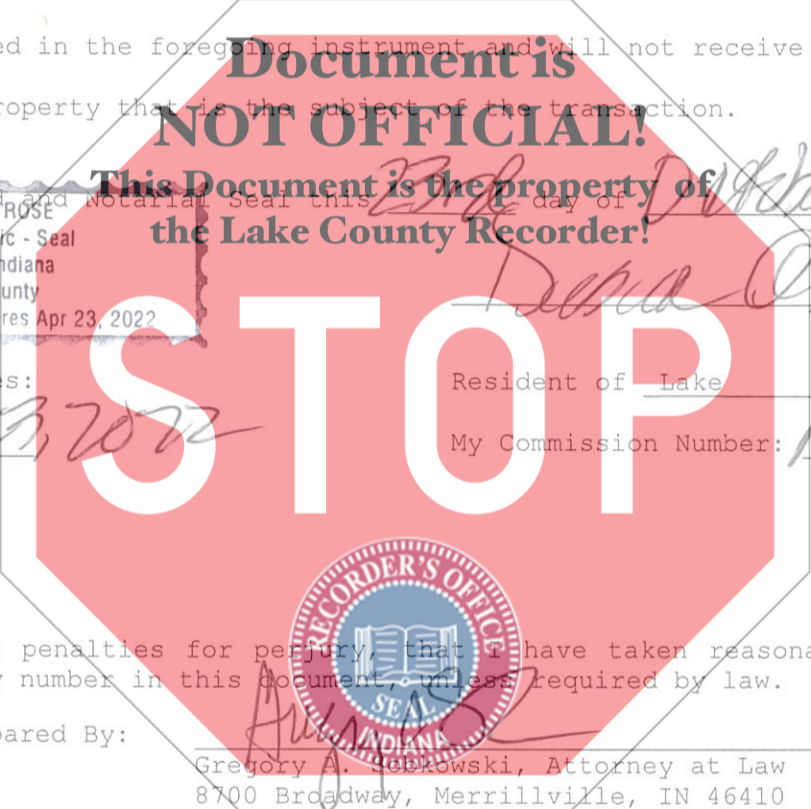
AMOUNT \$ 25-  
CASH CHARGE  
CHECK # 24800  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK JA

305241

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STATE OF INDIANA )  
 )SS:  
 )

Before a Notary Public in and for said County and State, personally appeared Lisa Stone [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 Angie Guelich 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 will not receive any interest in or proceeds from the property that is the subject of the transaction.



Witness my hand and Notarial Seal this 23rd day of April, 2020  
**DEBRA A ROSE**  
Notary Public - Seal  
State of Indiana  
Lake County  
My Commission Expires Apr 23, 2022

Debra Rose  
Notary Public

My Commission Expires: April 23, 2022

Resident of Lake \_\_\_\_\_ County  
My Commission Number: NP0653049

I affirm, under the penalties for perjury, 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  
Gregory A. Sobkowski, Attorney at Law  
8700 Broadway, Merrillville, IN 46410