

2020-081071

2020 Nov 6

8:35 AM

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

203470045

305242

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Hilda Gonzalez Hilda Gonzalez 3864 Sandusky St Hobart, IN 46342	Attorney:	
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	Indiana Departm 311 W. Washingt Suite 300 Indianapolis, I	
IN 46402, hospital ca 1. and was dis 2. above hospi (\$ 3, to which the insurance, other benefications as the Office (90) days as executing perjury, he	The patient was admitted the patient was admitted to harged from the hospited the amount due for host talization is Three The condition of the best of the Host esentative claims that damages arising from the Recorder of the fiter the patient was distincted that instrument, having the patient of the patient was distincted that the patient was distincted to the patient was di	ital Lien for all reasonable in the hospital on September 26 A. 2020 spital care, treatment or main possande Six Sundred Fifty-One is. This amount is subject to make the Hospital adjustrate following named individual the patient's illness or in the following named individual to the hospital Lien Land and the patient's illness or in the following named individual the patient's illness or in the following named individual the patient's illness or in the hospital Lien Land before the hospital the foregout the	and necessary charges for ient as follows: er 26 , 2020 tenance during the and 75/100 reduction for any benefits ct, health plan, or medical ments, write-offs, and any tor the patient's iduals and/or entities are noticely causing the hospital aw, I.C. Section 32-33-4 in is located, within ninety The undersigned individual h, under the penalties of Hospital Lien as described ing statement are true and
STATE OF IN) ss:	(1) Angle Dj	Auk leh
I And Methodist I foregoing a	gie Djukich Hospitals, Inc., being are true and correct.	, being a Patien duly sworn upon oath, says the (2) Angle Djuster me, a Notary Public, this Resident of Lake My Commission No:	Aud ich
Luza	ND DELIVERED in my present of the second of	ence [Witness's Signature] [Witness'e Printed Na	DEBRA A ROSE Notary Public - Seal State of Indiana Lake County My Commission Expires Apr 23, 2022 ANOUNI \$ 25- ame CASH CHACK 24800 F CONTROL CHACK CHECK CHECK

STATE OF INDIANA))SS:

Before a Notary Public in and for said County and State, personally appeared lisu 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 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 foregon Not receive any interest in or proceeds from the property Witness my hand and This Decument is the property 2020 the Lake County Recor DEBRA A ROSE Notary Public - Seal State of Indiana Notary Public Lake County My Commission Expires Apr 23, 2022
My Commission Expires Resident County My Commission Number have taken reasonable care to redact I affirm, under the penalties for each social security number in this equired

This Instrument Prepared By:

Gregory A. 300 kowski, Attorney at Law 8700 Broadway, Merrillville, IN 46410