

2020-081072

2020 Nov 6

8:35 AM

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

101785997

Return To:

Hodges & Davis, P.C.

SWORN STATEMENT & NOT	8700 Broadway, Merrillville, IN 46410 FICE OF INTENTION TO HOLD HOSPITAL LIEN
Larona Mitchell Larona Mitchell 754 Clark Rd Gary, IN 46404	Attorney: Lerner & Rowe 114 E Cermak Rd Chicago, IL 60616
of Lake County, Indiana ty Government Center th Main Street .nt, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
The patient was admitted a scharged from the hospitalization is Tic Thouse 2,929.75 the patient is entited a scharged from the hospitalization is Tic Thouse 2,929.75 the patient is entited a scharged for all patient is entited a scharged from the scharged from t	pital care, treatment or maintenance during the sand Ning Hundred Twenty Ning and 75/100 3. This amount is subject to reduction for any benefits and the treatment of the plan, or medical payments, contractual adjustments, write-offs, and any pital's knowledge, the patient or the patient's the following named individuals and/or entities are patient's illness or injury causing the hospital summer to the Hospital Lien Law, I.C. Section 32-33-4 in County in which the Hospital is located, within ninety scharged from the Hospital. The undersigned individual gobeen could sworn upon oath, under the penalties of ospital intends to hold the Hospital Lien as described ters set forth in the foregoing statement are true and the METHODIST HOSPITALS, INC.
INDIANA) ss:	(1) Apgle Djukich
LAKE)	
are true and correct.	, being a Patient Representative for The duly sworn upon oath says that the facts stated in the (2) Angle Djubion Angle Djubion Notary Public Resident of Lake My Commission No:
	Larona Mitchell Larona Mitchell 754 Clark Rd Gary, IN 46404 of Lake County, Indiana ty Government Center h Main Street nt, Indiana 46307 are hereby notified that intends to hold a Hospi care, treatment or mainter The patient was admitted ischarged from the hospi care, treatment due for hospi pitalization is Treatment 7, and credits for all period and credits for all period or damages arising from se of the Recorder of the after the patient was dis this instrument, having hereby states that the He that the facts and matter INDIANA INDIANA

EXECUTED AND DELIVERED in my presence

Swan Stone [Witness's Signature]

DEBRA A ROSE Notary Public - Seal State of Indiana Lake County My Commission Expires Apr 23, 2022

litness: USA Stone

[Witness'e Printed Name]

AMOUNTS 25 -CASH CHAS CHAS 24800

CHECK FOR CLERK

305243

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 swgrn by me, deposes and says that the forgoing instrument was executed and delivered by 1 ma 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 is not receive any interest in or proceeds from the property th Witness my hand and Wotarial Document is the property the Lake County Record DEBRA A ROSE Notary Public - Seal State of Indiana Public Lake County My Commission Expires My Commission Expires: Resident of County My Commission Number: T have taken reasonable care to redact so required by law. I affirm, under the penalties for each social security number in this This Instrument Prepared By:

Berowski, Attorney at Law y, Merrillville, IN 46410