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2020-081073

2020 Nov 6

8:35 AM

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

101785996, 101789545

Hodges & Davis, P.C. Return To: 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN TO: Keira Mitchell Keira Mitchell Patient: Attorney: Lerner & Rowe 754 Clark Rd 114 E Cermak Rd Gary, IN 46406 Chicago, IL 60616 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 You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to more hospital care, treatment or mainten IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for once of the above list ocument is isted patient as follows: 1. The patient was and was discharged from the The amount due for 2. aintenance during the above hospitalization is Tive Dougne Fauls thereto Ferty of 7,410.00 to reduction for any benefits to which the patient is entitle under thought Becar charact, 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 talk 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. correct. THE METHODIST HOSPITALS, INC. STATE OF INDIANA SS: COUNTY OF LAKE being a Patient Representative for The I Angie Djukich says that the facts stated in the Methodist Hospitals, Inc., being duly sworn upon oath foregoing are true and correct. mare (2) Angi mibed and sworn to before me, a Notary Public, , 2020. nmission Expires: Public Resident of Lake My Commission No: DEBRA A ROSE Notary Public - Seal

EXECUTED AND DELIVERED in my presence

Nusa Stone [Witness's Signature]

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

N: CLERK.

Witness: U59 Stave [Witness'e Printed Name] AMOUNI \$ 25-CASH CHECK # 24800 O' 15

STATE OF INDIANA)
)SS:
)

Before a Notary Public in and for said County and State, personally appeared
USU Store [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 Imque Gur un
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 foregrang instrument and will not receive any interest in or
proceeds from the property that is the subject of the transaction.
DEBRA A ROSE Notary Public - Seal State of Indiana Lake County My Commission Expires Apr 23, 2022 My Commission Expires: My Commission Number: My Commission Number:
I affirm, under the penalties for pentry that I have taken reasonable care to redact each social security number in this popument, unless required by law.

This Instrument Prepared By:

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