

2020-081074

2020 Nov 6

8:35 AM

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

101788468

305246

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

CLERK_

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

| TO: Patient: | Shakiya Askew Shakiya Askew 7525 Maple Ave Gary, IN 46403 | Attorney: | |
|---|--|---|---|
| Lake County 2293 North | Lake County, Indiana Government Center Main Street , Indiana 46307 | Indiana Departme 311 W. Washingto Suite 300 Indianapolis, In | on Street |
| IN 46402, thospital cand was discontinuous 2. above hospi (\$\frac{\frac} | The patient was admitted a mount due for host talization is Tirge IN 138.75 Dollar e patient is entitled and credits for all it. To the best of the Host esentative claims that damages arising from Lien is being filed puriof the Recorder of the Eter the patient was dithis instrument, having that the facts and mat | t THE METHODIST HOSPITALS, INC. I tal Lien for all reasonable enance of the above listed pati Cument 18 Led to the hospital on October Tal ph October 05 , 2020 Spital care, treatment or maint consand One Hundred Thirty-Fight S. This amount is subject to Ladde the Lient Breakful Thirty-Fight S. This amount is subject to Ladde the Lient Breakful Thirty-Fight S. This amount is subject to Ladde the Lient is subject to Ladde the Lient is subject to Ladde the Lient and individe the following named individe the patient's illness or in The Methodist Hospital Lien Ladde County in which the Hospital Lient Ladde County in which the Hospital Lient Ladde County in the | and necessary charges for ent as follows: 05 , 2020 enance during the t and 75/100 reduction for any benefits t, health plan, or medical ents, write-offs, and any or the patient's duals and/or entities are jury causing the hospital w, I.C. Section 32-33-4 in is located, within ninety The undersigned individual, under the penalties of dospital Lien as described ng statement are true and |
| Methodist H foregoing a | ie Djukich lospitals, Inc., being re true and correct. | , being a Patient duly sworn upon oath says that (2) Angie Djuk pre me, a Notaky Public, this resident of Lake My Commission No: | Dur whi |
| EXECUTED AN Witness: | id delivered in my prese | ence[Witness's Signature][Witness'e Printed Nam | DEBRA A ROSE Notary Public - Seal State of Indiana Lake County My Commission Expires Apr 23, 2022 THE J AMOUNT \$ CHAP CHECK # 24800 O |

STATE OF INDIANA))SS:

Before a Notary Public in and for said County and State, personally appeared 134 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 swogn 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 instrume not receive any interest in or proceeds from the property the Witness my hand and This Pocument is the property of the Lake County Record DEBRA A ROSE Notary Public - Seal State of Indiana Public Lake County My Commission Expires Apr 23 2022 My Commission Expire County Resident My Commission Number

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

This Instrument Prepared By:

Gregory A. Soblewski, Attorney at Law 8 00 Broadway, Merrillville, IN 46410