

2020-083170

2020 Nov 17

9:00 AM

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

101793296

Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Malcolm Lama	r				
Patient:	Malcolm Lama		Attorney:			
	443 Dallas S					
	Gary, IN 464					
	f Lake County,			ana Department o		
[전문 1일: [1] - [1]	y Government Ce	nter		W. Washington St	reet	
	Main Street			e 300		
Crown Point	t, Indiana 4630	7	Indi	anapolis, Indian	a 46204	
1. and was discove hospital (\$\frac{5}{1000}\$ to which the	intends to holare, treatment The patient was charged from the amount duritalization is 1,954.00 he patient is eand credits fit.	d a Hospital Lor maintenance as admitted to the hospital on a for hospital Trive Thousand Dollars. This ntit 120 unascettor all payment	ien for all of the above the hospital october in eare, treatm Nine: Hundred is amount is county Re as, contract	reasonable and listed patient of October 14 2020 ent or maintenan Fifty-Four subject to reduce the patient or	necessary char as follows: , 2020 ce during the stion for any bealth plan, or write-offs,	ges for
legal repr liable for stay:	resentative cla damages arisi	ims that the fing from the	collowing nar patient's il	ned individuals lness or injury	and/or entit causing the h	nospital
the Office (90)days a executing perjury, habove and correct.	of the Recorde fter the patier this instrumen ereby states that the facts	er of the Count nt was discharg t, having beer nat the Hospit	y in which the ed from the court sworr to intends to et forth in	tal Lien Law, I he Hospital is Hospital. The upon oath, und hold the Hospithe foregoing start Hospitals, I	located, within undersigned income der the penal tal Lien as de tatement are t	ninety dividual ties of escribed
STATE OF I)	ss:		Angle Djukic	11	
T 7	n i - 1 i - 1-		hoin	g a Patient Re	nresentative	for The
Methodist	are true and co	rrect. (2)	worn upon oa	th, says that the Market Angle Division	pich	in the
DOG.	eribed and swor , 2020.	n to before me,	a Notary Pu	blic, this	day of	
My Commiss	ion Expires:	on	Resident o	f Lake ion No:	DEBRA A ROSE tary Public - Seal	9
EXECUTED A	ND DELIVERED in			My Commis	State of Indiana Lake County sion Expires Apr 23, 2022	
() w	ing SHOID	[Wi	tness's Sign	ature]	- /	-
Witness:	Lisa Ston	e	[Witness'e	Printed Name]	AMOUNT \$ 25 CASHCHARG OHECK # 27 OVERAGE NON-COM CLERK	814 B
					V	

305247

STATE OF INDIANA)
)SS:
)

Before a Notary Public in ar

Before a Notary Public in and for said County and State, personally appeared

Lig 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
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 white Pocument is the property of the Lake County Recorder!

, 2020

DEBRA A ROSE Notary Public - Seal State of Indiana Lake County

My Commission Expires Apr 23, 2022

Resident of Lake

Notary Public
County

My Commission Number:

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, Attorney at Law 8700 Broadway, Merrillville, IN 46410