

2020-083172

2020 Nov 17

9:00 AM

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

101790380

Hadraa & Davis

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

CLERK_

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Jaswon Johnson Jaswon Johnson 1080 Hamlin St Gary, IN 46406	Attorney:		
Lake County 2293 North 1	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W. Wa Suite 300	epartment of Insurance shington Street lis, Indiana 46204	
IN 46402, i hospital ca 1.	intends to hold a Hosp re, treatment or mainte The patient was admitt	tal Lien for all rease pance of the above list Document is ted to the hospital on 0	ctoper 08 , 2020	
2. above hospi	The amount due for hos talization is The Thor	sand Two Hundred Thirty	r maintenance during the	efits
insurance, other benef	and credits for all it.	payments, contractual a	patient or the patient's	any
legal repre	esentative claims that	the following named	individuals and/or entities or injury causing the hosp	are ital
the Office (90)days af executing t perjury, he	of the Recorder of the ter the patient was dithis instrument, having the states that the F	County in which the Hospi scharged from the Hospi g been MMV from upo Hospital Intence to hold ters set forth in the THE METHOSIST H	Lien Law, I.C. Section 32-33- spital is located, within ni tal. The undersigned indivi n oath, under the penalties d the Hospital Lien as descr foregoing statement are true OSPITALS, INC.	nety dual s of ibed
STATE OF IN) ss:	(1) DIANAME (1)	ngie Djukich	
Methodist H	ie Djukich ospitals, Inc., being or re true and correct.	, being a duly sworn upon oath, s	Patient Representative for ays that the facts stated in	The
O Gara	ribed and sworn to befo	re me, a Novary Public,	this Divkieh this Divkiey of	
My Commission	on Expires:	Resident of My Commission No	DEBRA A ROSE	7
EXECUTED AND	D DELIVERED in my prese	nce [Witness's Signature]	Notary Public - Seal State of Indiana Lake County My Commission Expires Apr 23, 2022	
Witness:	SH Stone	[Witness'e Print	THEOR # 25-	¥
				L

305249

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 swofin 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 is not receive any interest in or proceeds from the property th This Document is the property Witness my hand the Lake County Recor DEBRA A ROSE Notary Public - Seal State of Indiana Lake County Public My Commission Expires My Commission Expires: Resident County My Commission Number I affirm, under the penalties for perfur Phave taken reasonable care to redact each social security number in this do

8 NO Broadway, Merrillville, IN 46410

STATE OF INDIANA)

This Instrument Prepared By:

ISS: