

2020-083173

2020 Nov 17

9:00 AM

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

101787808

305250

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Marvin Keys Marvin Keys 1410 E 15th St Ford Heights, IL 60411	Attorney:	
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	Indiana Department 311 W. Washington S Suite 300 Indianapolis, India	Street
IN 46402, i hospital ca	The patient was admitted to the charged from the hospital of the mount due for hospital of the amount due for hospital due to the amount due to th	cen for all reasonable and of the above listed patient is the hospital on October 04	d necessary charges for as follows:
above hospi (\$ 1, to which the insurance, other benefing 3. legal repre	talization is present Si 696.75 Dollars. This is entit tee trace (and credits for all payment it. To the best of the Hospital's esentative claims that the formula in the site of the site.	A Hundred Ninety-Six are so amount is subject to red housing Recordent ract, s, contractual adjustments knowledge, the patient or ollowing named individua	ustion for any benefits health plan, or medical write-offs, and any the patient's and/or entities are
This the Office (90) days af executing to perjury, he	damages arising from the public tien is being filed pursuant of the Recorder of the County iter the patient was discharge this instrument, having been ereby states that the Hospital that the facts and matters	to the Hospital Lien Law, in which the Hospital is d from the Hospital. The cull sporn upon oath, u	I.C. Section 32-33-4 in located, within ninety undersigned individual under the penalties of pital Lien as described
STATE OF IN) ss:	THE METHODIST HOSPITALS, Angig Djukio	Such ich
Methodist H	gie Djukich Hospitals, Inc., being duly sw re true and correct. (2)	orn upon oath, says that	Representative for The the facts stated in the
1 Gm	ribed and sworn to before me, 2020.	Angie Djukiek a Notary Public, this Resident of Lake	Notary Public County
EXECUTED AN	DELIVERED in my presence Store [With	My Commission No:	DEBRA A ROSE Early Public - Seal State of Indiana Lake County SION Expires Apr 23, 2022
Witness:	Liša Stone	[Witness'e Printed Name]	AMOUNI \$ 25- CASHCHA: 248/4_

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 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 th This Document is the property DEBRA A ROSE Notary Public - Seal the Lake County Recor State of Indiana Lake County Notary Public My Commission Expires Apr 23, 2022 My Commission Expires: Resident County My Commission Number I affirm, under the penalties for perjury Phave taken reasonable care to redact each social security number in this do This Instrument Prepared By:

8 NO Broadway, Merrillville, IN 46410

STATE OF INDIANA)

ISS: