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2020-083174

2020 Nov 17

9:00 AM

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

203474807

V

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN TO: Duane Meeks Duane Meeks Patient: Attorney: 8437 S Steely Ave Chicago, IL 60620 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 hold a Hospital Lien for all reasonable and necessary charges for ce of the above hospital care, treatment or mainter isted patient as follows: Document is The patient was admi September 29 / 2020 . treatment or maintenance during the and was discharged from the 2. The amount due for above hospitalization is The Documents the property of (\$\frac{11,431.00}{200}\$) Dollars. This amount is subject to reduction for any benefits to which the patient is an entire contract, health plan, or medical insurance, and credits for all payments, contractual adjustments, write-offs, 11,431.00 to reduction for any 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 stav: This Lien is being filed pursuant to the Mospital 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 dally swarn upon oath, under the penalties of perjury, hereby states that 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) 55: COUNTY OF LAKE T , being a <u>Patient Representative</u> for The Angie Djukich Methodist Hospitals, Inc., being duly sworn upon oatk, says that the facts stated in the foregoing are true and correct. nall (2) Angie Djuk ribed and sworn to before me, a Notary Public, WN, 2020. Commission Expires: Resident of Lake My Commission No:

Witness: Usa Stone

[Witness's Signature]

Witness's Printed Name]

CASH. CHARACTER AND CHECK # 24814

DEBRA A ROSE Notary Public - Seal State of Indiana

Lake County
My Commission Expires Apr 23, 2022

305251

EXECUTED AND DELIVERED in my presence

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 swofn 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 foregring instrument and si ll not receive any interest in or proceeds from the property th This Document is the property the Lake County Recorder DEBRA A ROSE Notary Public - Seal State of Indiana Lake County Public My Commission Expires: Resident County My Commission Number I affirm, under the penalties for perfury T have taken reasonable care to redact each social security number in this

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

STATE OF INDIANA)

This Instrument Prepared By:

)SS: