

2020-083175

2020 Nov 17 9:00 AM

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

101789502

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN TO: Robert L Cardwell Patient: Robert L Cardwell Attorney: 5061 W 22nd Plaza Gary, IN 46404 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 hospital care, treatment or maintenance of the above listed patient as follows: The patient was admitted to the hospital of october 07 and was discharged from the hopotate.

2. The amount due for hos october 07 , 2020 . are, treatment or maintanance during the above hospitalization is Thousand Six Hundred Seven and 75/100
(\$ 2,607.75 Dollars. This amount is subject to reduction for any benefits 2,607.75 to which the patient is entitted hadre to unty Recorder ract, health plan, or medical insurance, and credits for all payments, contractual adjustments, write-offs, 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 stay: This Lien is being filed pursuant to the Hospital 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 sworn upon oath, under the penalties of perjury, hereby states that the Hospital Intends to hold 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. yur uch STATE OF INDIANA SS: COUNTY OF LAKE a Patient Representative for The being Angie Djukich Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. mail (2)Angie Dju bscribed and sworn to before me, a Notary Public, _, 2020. Notary Public ommission Expires: County Resident of Lake My Commission No:

EXECUTED AND DELIVERED in my presence

Tung Stone _____ [Witness's Signature]

Notary Public - Seal State of Indiana Lake County My Commission Expires Apr 23, 2022

DEBRA A ROSE

Witness: US9 Stone

[Witness'e Printed Name]

AMOUNI D. CASH.___ CLERK.

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 foregot not receive any interest in or proceeds from the property the and AThis Document is the property of 2020 DEBRA A ROSE the Lake County Recor Notary Public - Seal State of Indiana Lake County
My Commission Expires Apr 23, 2022 Public Notary County My Commission Expires: My Commission Number: have taken reasonable care to redact I affirm, under the penalties for perjur each social security number in this do

torney at Law

8700 Broadway, Merrillville, IN 46410

STATE OF INDIANA)

This Instrument Prepared By:

)SS: