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2020-083177

2020 Nov 17 9:00 AM

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

101767250

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Michael Ross Jr
Patient: Michael Ross Jr
3035 Tompkins St
Gary, IN 46406

Attorney: Keller & Keller
2850 N Meridian St
Indianapolis, IN 46208

Recorder of Lake County, Indiana
Lake County Government Center
2293 North Main Street
Crown Point, Indiana 46307

Indiana Department of Insurance
311 W. Washington Street
Suite 300
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 on August 25, 2020 and was discharged from the hospital on August 25, 2020.
- The amount due for hospital care, treatment or maintenance during the above hospitalization is Sixteen Thousand Five and 75/100 (\$ 16,005.75) Dollars. This amount is subject to reduction for any benefits to which the patient is entitled under the terms of any contract, health plan, or medical insurance, and credits for all payments, contractual adjustments, write-offs, and any other benefit.
- 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 duly 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.

(1) Angie Djukich
Angie Djukich

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

I Angie Djukich, being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

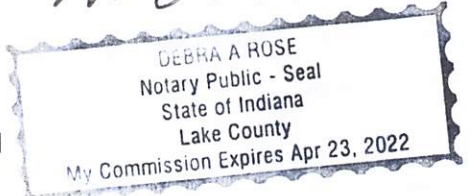
(2) Angie Djukich
Angie Djukich

Debra A Rose subscribed and sworn to before me, a Notary Public, this 23rd day of October, 2020.

My Commission Expires: April 23, 2022

Notary Public
Resident of Lake County
My Commission No: NP0653049

EXECUTED AND DELIVERED in my presence
Rosa Stone [Witness's Signature]



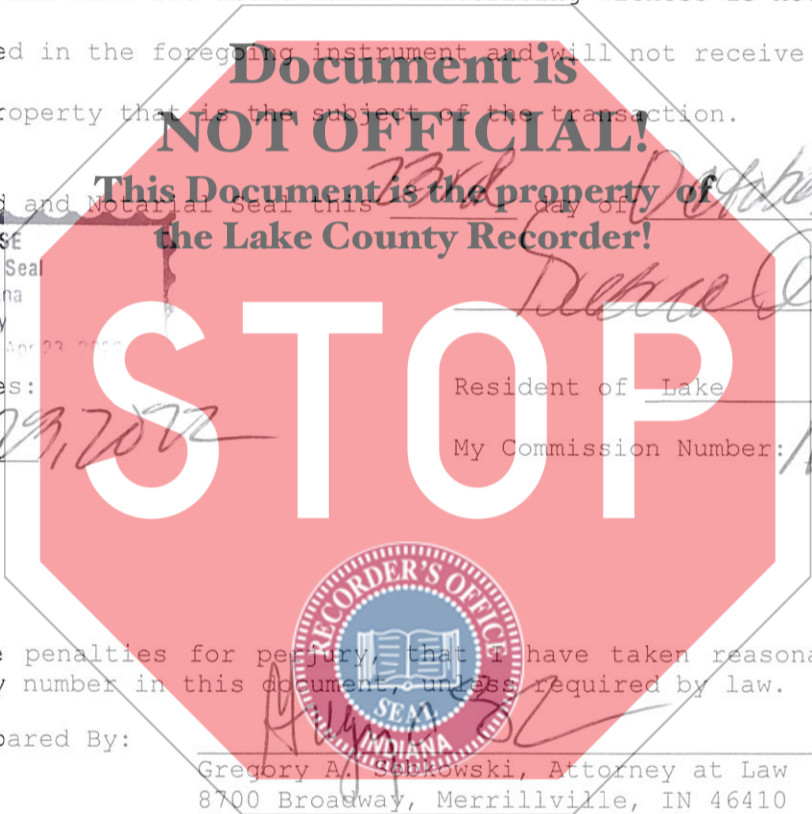
Witness: Lisa Stone [Witness's Printed Name]

AMOUNT \$ 25-
CASH _____
CHECK # 24814
OVERAGE _____
C _____
NO. _____
CLERK [Signature]

305470

STATE OF INDIANA)
)SS:
)

Before a Notary Public in and for said County and State, personally appeared Lisa Stone [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 Angie Ayuk, M.D. 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 Notarial Seal this 23rd day of October, 2020

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

Debra A. Rose
Notary Public

My Commission Expires:

April 23, 2022

Resident of Lake _____ County

My Commission Number: NP0653049

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