NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY

2022-024808

FILED FOR RECORD

8:43 AM 2022 Aug 2

204318292

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN	
TO: Samuel Baker Patient: Samuel Baker 700 E 33rd Ave Gary, IN 46409	Attorney:
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
IN 46402, intends to hold a Hospit hospital care, treatment or maintens 1. The patient was admitted and was discharged from the hospital 2. The amount due for hospi	ital care, treatment or maintenance during the
to which the patient is entitled un insurance, and credits for all pa other benefit. 3. To the best of the Hospi legal representative claims that t	und Six Hundred Sixteen This amount is subject to reduction for any benefits der the terms of any contract, health plan, or medical yments, contractual adjustments, write-offs, and any this knowledge, the patient or the patient's he following named individuals and/or entities are be patient's illness or injury causing the hospital
This Lien is being filed purs the Office of the Recorder of the C (90)days after the patient was disc executing this instrument, having perjury, hereby states that the Hos	uant to the Hospital Lien Law, I.C. Section 32-33-4 in County in which the Hospital is located, within ninety harged from the Hospital. The undersigned individual been duly sworn upon oath, under the penalties of spital intends to hold the Hospital Lien as described ars set forth in the foregoing statement are true and

THE METHODIST HOSPITALS, INC. STATE OF INDIANA gg. COUNTY OF LAKE

I_Angie Djukich being a Patient Repre sentative for The Methodist Hospitals, Inc., being duly sworn upon oath stated in the foregoing are true and correct.

Angie cribed and sworn to before me, a Notary 2022.

ssion Expires:

correct.

Resident of Lake

Public My Commission No:

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:

Laura & Fred Laura B. Frost, Attorney at Law 8700 Broadway, Merrillville, IN 46410

> CASH CHECK # OVERAGE COPY_ NON-COM CLERK

AMOUNT,

321482