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Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Eric Melcic		
Patient:	Eric Melcic	Attorney:	
	5723 Buttercup Ave Portage, IN 46368		
	Portage, IN 46366		
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W. Was Suite 300	epartment of Insurance shington Street lis, Indiana 46204
IN 46402, in hospital ca	intends to hold a Hospi re, treatment or mainter	ital Lien for all reason nance of the above liste ed to the hospital on Ap	oril 25 , 2012
and was dis	The amount due for host	nital care, treatment of	r maintenance during the
above hospi	talization is Six Hund	red Seventy-Two Proper	patient or the patient's
<pre>legal repre liable for stay:</pre>	esentative claims that	the following named	<pre>individuals and/or entities are or injury causing the hospital</pre>
the Office hundred and undersigned the penalti Lien as de	of the Recorder of the deighty (180) days aft individual executing the described above and that and correct.	e County in which the ser the patient was dischis instrument, having states that the Hospit t the facts and matter than the Hospit HOSP	Hospital is located, within one charged from the Hospital. The been duly sworn upon oath, under al intends to hold the Hospital ers set forth in the foregoing OSPITALS, INC.
I A Hospitals, are true an			presentative for The Methodist he facts stated in the foregoing
1/10	ribed and sworn to befor 	re me, a Notary Public,	this 25 day of
My Commissi	on Expires:		Notary Public
_	74,2019	A Resident of _	Lake County
	under the penalties for security number in the		taken reasonable care to redact ired by law.
This Instru		rle F. Hites, Attorney a	
	AMOUNT \$CHARGE_CHECK #		Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019