NACE OF HOLANA LAME COUNTY PLED FOR RECORD

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Acct#200794099

AJMAN

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

Marc Momcilovich

Patient:

Marc Momcilovich 609 N. Rensselaer St.

Griff ch, IN 46319

Recorder of Lake ounty, Indiana Lake County Gove ment Center 2293 North Main street Crown Point, In lana 46307

Attorney:

A Leon Sarkisian

3893 E US Hwy 30 Merrillville, IN 46410 Merrillville,

Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204

You are ereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, irr nds to hold a Høspital Lien for all reasonable and necessary charges for

hospital ca.: treatment or maintenance of the above listed patient as follows:

1. The patient was admitted to the hospital on July 30, 2012

and was dir sharged from the hospital on July 30, 2012

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Two thousand four hundred thirty five dollars and 00/100 2,435.00

To the best of the Hospital's knowledge, the patient or the patient's legal resessentative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital

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 one hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigne individual executing this instrument, having been duly sworn upon oath, under the penalt es of perjury, hereby states that the Hospital intends to hold the Hospital Lien as dos ribed above and that the facts and matters set forth in the foregoing statement a a true and correct.

THE METHODIST HOSPITALS, INC.

Milica Vampanous

Milica Damjanovic

STATE OF 12)IANA

ss:

COUNTY OF AKE

Milica Damjanovic, being a Patient Representative for The Methodist Hospital: Inc., being duly sworn upon oath, says that the facts stated in the foregoing

lica lampanoric

Milica Damjanovic (2)

subscribed and sworn to before me, a Notary Public, this 8 day of tugust , 2012.

My C mission Expires:

October 10, 2013

A Resident of UALE

Notary Public

County

E

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this accument, unless required by law.

This Instrument Prepared By:

Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410

Official Seal

SHERRY C FOUST Resident of Lake County, IN My commission expires October 10, 2013

AMOUNT \$ CASH_ CHECK # **OVERAGE** COPY_

NON-COM CLERK.

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