STATE OF INCLAS LAKE COUNTY FILED FOR RECORD

2013 019685

2013 MAR 14 PM 3: 29

MICHARL E. BROWN

Return To:

Hodges & Davis, P.C. RECORDER

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

GOJKO BLECIC

Patient:

GOJKO BLECIC

740 PETTIBONE ST

CROWN POINT, IN 46307

Attorney:

<u>Harold Hagberg</u>

11045 Broadway Ste D

Crown Point, IN 46307

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:

1. The patient was admitted to the hospital on

and was discharged from the hospital on JANARY 25, 2013

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is __ ONE THOUSAND FOUR HUNDRED SIX

<u>1,406</u>.00 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

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 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.

THE METHODIST HOSPITALS, INC

STATE OF INDIANA

COUNTY OF LAKE

Melissa Vasquez

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

(2)

Subscribed and sworn to before me, a Notary

Chruary, 2013.

My Commission Expires:

March 24, 2019

Notary Public

A Resident of

___ County

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:

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

AMOUNT \$ CASH-CHECK # **OVERAGE**

COPY_ NON-COM CLERK_

Official Sea LISA M. STONE SEAL Resident if Lake (... My commission expires March 24, 2019

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