## 2013 020373

2013 MAR 18 PM 2: 25

MICHAEL B. BROWN RECORDER

Acct#100538461

TO:

1

Return To:

Karissa Muniz

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

racient.	Mailssa Mulliz	Actorney:		
	509 Grand Blvd.	<del></del>		
	Gary, IN 46403			
		· · · · ·	<del></del>	
Recorder of	Lake County, Indiana	Indi	ana Department of Insurance	
	Government Center		W. Washington Street	
2293 North Main Street				
			Suite 300	
Crown Point	, Indiana 46307	India	anapolis, Indiana 46204	
IN 46402,	intends to hold a Ho	spital Lien for all	EPITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:	
2.	scharged from the hosp The amount due for h	oital on <u>February 15</u> cospital care, treatme	on February 14 , 2013 5 , 2013 ent or maintenance during the red seventy dollars and 00/100	
/¢ 15	470 00	are 1	ted sevency dorlars and 007100	
	5,470.00 ) Doll	<b>Lake County Rec</b>	order!	
3. legal repriliable for stay:	esentative claims tha	at the following nam	the patient or the patient's ned individuals and/or entities are lness or injury causing the hospital	
the Office	of the Recorder of	the County in which	tal Lien Law, I.C. Section 32-33-4 in 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				
undersigned	individual executing	f this instrument, ha	ving 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 METHOD	IST HOSPITALS, INC.	
			`\daggerian \text{`\alpha}	
		(1) BY: Will	Vica Danimontic	
STATE OF IN	IDTANA	(1) BI. //CC	Milia Paris Car	
SIAIE OF IT		E MEAL SEAL	Milica Damjanovíc	
	) ss:	WOLANA WILL		
COUNTY OF I	JAKE )	The state of the s		
I	Milica Damjanovic	, being a <u>Patie</u> r	nt Representative for The Methodist	
Hospitals,	Inc., being duly swo:	rn upon oath, says tl	hat the facts stated in the foregoing	
are true and correct				
		(2) Mili	ca Dampanoric	
		(2) _There	10 Dangara sa	
			Milica Damjanovic	
			22 1	
Subsc	ribed and sworn to be	fore me, a Notary Pub	olic, this <u>Oand</u> day of	
Le Druau	, 2013.		/	
	<del>//</del>	Tuña.	mistone	
My Commissi	on Expires:		Notary Public	
4		A Resident	of Name County	
March	24,2019		country,	
<u></u>	<u>-, , , , , , , , , , , , , , , , , , , </u>			
T affirm	under the penalties t	for portury that T	have taken reasonable care to redact	
each social	. security number in t	nis document, unless	required by law.	
This Instru	mant Drangered Dec			
inis instru	ment Prepared By:			
		Earle F. Hites, Attor		
	_	8700 Broadway, Merril	llville, IN 46410	
	1/ -	1-		
ΔΜΩ	UNT \$			
CASI	HCHARGE	•	Official Seal	
CHO	CK#/8/05/		LISA M. STONE	
CHE	DACE E		Resident of Lake County, IN	
OVE	RAGEE		My commission expires	
CO	PY		March 24, 2019	
NIO	N-COM			
CLERK				
CL	EUV-			

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