2013 020386

2013 MAR 18 PM 2: 26

MICHAEL B. BROWN RECORDER

200877376

Return To:

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

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

| TO:   | Magen Skvara  |  |  |
|---|---|--|--|
| Patient:  | Magen Skvara  | Attorney:  |  |
|   | 130 S Delaware St   |  |  |
|   | Hobart, IN 46342  |  |  |
| Lake County<br>2293 North   | Lake County, Indiana<br>Government Center<br>Main Street<br>, Indiana 46307             | 311 W<br>Suite   | na Department of Insurance<br>. Washington Street<br>300<br>napolis, Indiana 46204   |
| IN 46402, i   | intends to hold a Ho  | spital Lien for all  | PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:  |
| 1. and was dis  | charged from the hose   | oital on <u>February 01</u>  |  |
|   | talization is Six Hu  | undred Ninety-Four and   |  |
| 3. legal repre  | To the best of the Pesentative claims th  | at the following name  | the patient or the patient's ed individuals and/or entities are ness or injury causing the hospital  |
| the Office<br>hundred and<br>undersigned<br>the penalti<br>Lien as de | of the Recorder of<br>eighty (180) days<br>individual executing<br>es of perjury, herel | the County in which after the patient was this instrument, had by states that the Ho | tal Lien Law, I.C. Section 32-33-4 in<br>the Hospital is located, within one<br>discharged from the Hospital. The<br>ving been duly sworn upon oath, under<br>espital intends to hold the Hospital<br>matters set forth in the foregoing |
| STATE OF IN   |   | (1) BY:  | ST HOSPITALS, INC.  Angle Sjudich  |
| COUNTY OF LA  | ) ss:<br>AKE )  | WOJANA JULI  |  |
| I An  | gie Djukich   | , being  | a Patient Representative for The   |
| Methodist H   |   |  | h, says that the facts stated in the   |
|   |   | (2)  | Angue Afth Who   |
| 1 /   | ribed and sworn to be $\int_{-\infty}^{\infty}$ , 2013.                                 | efore me, a Notary Pub   | lic, this <u>26 m</u> day of   |
| My Commission   | on Expires:   |  | Notary Public  |
| march o   | 04, 2019  | Å Resident   | of <u>Lake</u> County  |
|   |   | for perjury, that I has document, unless   | have taken reasonable care to redact required by law.  |
| This Instrum  | ment Prepared By:   | Earle F. Hites, Attor  | nev at Law   |
| AMOUNT  |   | 8700 Broadway, Merril  |  |
| CHECK #<br>OVERAG<br>COPY<br>NON-CO                                   | E <i>E</i>  |  | Official Seal LISA M. STONE Resident of Lake County IN My commission expires March 24, 2019  |

213308

COPY-NON-COM CLERK\_