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Acct#200885254

MICHAEL ALTHOWN RECORDER

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Michael Musak Michael Musak 14313 Elkhart St. Leroy, IN 46355	Attorney:	
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 V Suite	ana Department of Insurance V. Washington Street e 300 anapolis, Indiana 46204
IN 46402,	intends to hold a Ho:	spital Lien for all	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
above hospi (\$ 96 3. legal repre	charged from the hosp The amount due for h talization is Nine h 4.00 Dollars To the best of the H esentative claims that	ital on <u>February 26</u> ospital care, treatme undred sixty four dol cospital sknowledge, at the following name	ent or maintenance during the
hundred and undersigned the penalti Lien as de	of the Recorder of l eighty (180) days a individual executing es of perjury, hereb	the County in which after the patient was this instrument, having states that the Hohat the facts and	tal Lien Law, I.C. Section 32-33-4 in the Hospital is located, within one discharged from the Hospital. The ving been duly sworn upon oath, under ospital intends to hold the Hospital matters set forth in the foregoing ST HOSPITALS, INC.
STATE OF IN) ss:	(1) BY: Y/	Milica Damjanovic
are true an	d correct.	(2) Milic	Representative for The Methodist hat the facts stated in the foregoing Milica Damjahovic
· Wice /_	ribed and sworn to be		
My Commission / March	on Expires: 31,3019	A Resident	of Sulle County
I affirm, u	under the penalties f security number in th	or perjury, that I hat I has document, unless	nave taken reasonable care to redact required by law.
AMOUNT \$		Earle F. Hites, Attor 8700 Broadway, Merril	ney at Law lville, IN 46410
CASH CHECK #_ OVERAGE. COPY NON-COM	E		Official Seal LISA M. STONE Resident of Lake Consider of My dominission expects March 24, 2019

NON-COM_