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2013 MAR 19 PM 1: 24

MICHAEL BUSINA RECORDER

Acct#200882619

Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Tıa Morgan		
Patient:	Tia Morgan	Attorney:	
	4323 W. 20th Av		
	Gary, IN 46404		
	Lake County, Indi		ana Department of Insurance
	Government Center	311	W. Washington Street
	Main Street		e 300
Crown Point	, Indiana 46307	Indi	anapolis, Indiana 46204
You a	re hereby notified	that THE METHODIST HO	CDIMALC INC. COO C
IN 46402. i	intends to hold a	Hospital Lion for all	SPITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for
hospital ca	re. treatment or m	aintenance of the above	listed patient as follows:
	10, cloudmone of h	OCUMENT	risted patient as follows:
1.	The patient was a	dmitted to the hospital	on_February 18 , 2013
and was dis	charged from the h	ospital on February 1	8 2013
2.	The amount due fo	r hospital care, treatm	ent or maintenance during the
above hospi	talization is <u>One</u>	thousand three hundred	twenty six dollars and 00/100
(\$ 1,			
3.	To the best of th	e Hospital's knowledge,	the patient or the patient's
legal repre	esentative claims	that the following name	med individuals and/or entities are
liable for	damages arising :	from the patient's il	lness or injury causing the hospital
stay:			
mb : -	T d d 1,		
the Office	Lien is being file	d pursuant to the Hosp	ital 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
nunarea ana	eighty (180) day	s after the patient wa	as discharged from the Hospital. The
the penalti	of of positive he	ing this instrument, ha	aving been duly sworn upon oath, under
Lien as de	escribed above and	d that the facts and	Hospital intends to hold the Hospital
statement a	re true and correc	t that the facts and	matters set forth in the foregoing
ocacomenc a.	ic clue and collec		IST HOSPITALS, INC.
			TST HOSPITALS, INC.
		(1) BY:	lica Damson Jic
STATE OF IN	DIANA)		Milica Damjanovid
) ss:	E SEAL	7
COUNTY OF L	AKE)	WOIAN ALLES	
- ,			
I	Milica Damjanovic	, being a <u>Patie</u> r	nt Representative for The Methodist
nospitais,	inc., being duly s	worn upon oath, says t	hat the facts stated in the foregoing
are true and	a correct.	(2) \mathcal{M}_{2}	
		(2)	Ca Dampanovic Milica Damjanovic
			MILICA DAMJANOVIC
Subsc	ribed and sworn to	before me, a Notary Pu	blic, this / 57 day of
March	, 2013.	zerere me, a notary ra	day of
7 7 88 10	,	Lin	g M. Store
My Commission	on Expires:		Notary Public
100		A Resident	of Salie County
March -	14,2019		
T			
i aiiirm, u	inder the penaltie	s for pergury, that I	have taken reasonable care to redact
each social	security number i	n this document, unless	required by law.
This Instrum	ment Prepared By:	70	
-	·	Earle F. Hites, Atto	rnev at Law
AMOUNT	·s //-	8700 Broadway, Merri	
	CHARGE	. 1,	
CHECK#	16///.2		
DAREVO			Official Seal
COPY			LISA M. STONE
NON-CO			(SYAL)*) Resident of Lake Control. (N.) My commission expires
CLERK_			March 24, 2019
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