STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2014 008349

2014 FEB 12 PM 1: 30

Acct#100700429

MICHAEL B. BROWN RECORDER

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

TO:		R. Pimentel			
Patient:		R. Pimentel	Attorney		
		IN 46342			
Recorder of Lake County 2293 North Crcwn Point	Governme Main Stre	et	311 Suit	iana Department of W. Washington Str te 300 Lanapolis, Indiana	reet
IN 46402,	intends to	o hold a Hos	at THE METHODIST HO	SPITALS, INC., 60	O Grant Street, Gary
1. and was dis	The pation of the charged finds	ent was admit	ted to the hospital tal on <u>January 14</u>	on January 14 ,	2014
above hospi (\$ 2,	The amour talizatior 931.00	nt due for ho n is <u>Two tho</u>) Dollar	spital care, treatmusand nine hundred rs. This amount is	thirty one dollar	s and 00/100
CO MITCH CH	e patient and credit.	ts for all	under the terms of payments, contract	any contract, he ual adjustments,	alth plan, or medical write-offs, and any
3. legal repre liable for stay:	esentative	claims that	spital's knowledge, the following nat the patient's il	med individuals	he patient's and/or entities are causing the hospital
(90)days af executing to perjury, he	of the Re ter the p his instr reby state	corder of the atient was distributed to the contract of the co	e County in which the ischarged from the order to the order to the country to th	he Hospital is lo Hospital. The un upon oath, und	Section 32-33-4 in ocated, within ninety ndersigned individual er the penalties of al Lien as described atement are true and
			(1) BY: YY		wanty.
STATE OF IND COUNTY OF LA)) ss:	WOIANA THIN	MILICA DAMJANOVI	
COUNTY OF LA	KE.)		/	
I <u>N</u> Hospitals, I	inc., bein	MJANOVIC g duly sworn	upon oath, says th	nt Representative hat the facts sta a Damya MILICA DAMJANOVI	for The Methodist
				,	
JOINWAY	ibed and	sworn to befo	ore me, a Notary Pub		day of
dy Commissio	n Expires	:	<u> </u>	M. Store of Lane Not	ary Public
monch.	24,2019	Ì	A Resident	of <u>////////////////////////////////////</u>	County
I affirm, ur each social	nder the page security of	penalties for number in thi	perjury, that I is socument, unless	have taken reason required by law.	able care to redact
This Instrum AMCUNT © CASHC	ent Prepar	Ea	rle F. Hites, Attor		
	7436			Official LISA M. S	TONE
NON-COM	AN	K		(SEAL) Resident My comm March 24	of Lake County. IN particular and a second s