## 2014 008350

2014 FEB 12 PM 1: 30

Acct#100681276

TO:

Patient:

I MICHAEL B. BROWN RECORDER

Return To:

Felicia Landon

Felicia Landon

Recorder of Lake County, Indiana

4435 Kentucky St. Gary, IN 46409

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

Indiana Department of Insurance

311 W. Washington Street

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

Attorney:

Lake County Government Center	311 W. Washington Street
2293 North Main Street	Suite 300 Indianapolis, Indiana 46204
Crown Point, Indiana 46307	-
You are hereby notified that THE METHODIS IN $46402$ , intends to hold a Hospital Lien for hospital care, treatment or maintenance of the $\alpha$	THOSPITALS, INC., 600 Grant Street, Gary, all reasonable and necessary charges for above listed patient as follows:
1. The patient was admitted to the hosp and was discharged from the hospital on December 2. The amount due for hospital care, to	per 11 , 2013 reatment or maintenance during the
above hospitalization is Five hundred ninety the (\$\frac{5}{2}\) Dollars. This amount to which the patient is entitled under the term insurance, and credits for all payments, contother benefit.	t is subject to reduction for any benefits sof any contract, health plan, or medical
3. To the best of the Hospital's knowled legal representative claims that the followin liable for damages arising from the patient's stay:	g named individuals and/or entities are
This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which the Hospital is located, within ninety (90) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having 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 M	ETHODIST HOSPITALS, INC.
	m 1 in Danie in
STATE OF INDIANA )	Willica Damyanovic
COUNTY OF LAKE )	
I MILICA DAMJANOVIC, being a P Hospitals, Inc., being duly sworn upon oath, s are true and correct.	
Subscribed and sworn to before me, a Notary Public, this $\frac{2977}{4000}$ day of	
Du Du	is Mistoria
My Commission Expires:	Notary Public ident of Mun County
March 24, 2019	ident of county
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.	
This Instrument Prepared By:	
AMOUNT \$ // Earle F. Hites, 8700 Broadway,	Attorney at Law Merrillville, IN 46410
CASHCHARGE CHECK#19 43G	general discount of two many their contribution contribution and their contribution contributions will be considered to the contribution of the co
OVERAGE	Official Seal LISA M. STONE
COPY	(SEAL) Resident of Lake County, IN My commission expires
NON-COM	March 24, 2019
224516	