2014 008896

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MICHAEL B. BROWN RECORDER

Official Seal

(SEAL)

LISA M. STONE
Resident of Lake County, IN
My commission expires
March 24, 2019

Acct#100685707

TO:

Return To:

James Palmer

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

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

Patient:	James Palmer	Attorney: Ankin Law Office LLC
	4343 Adams St.	162 W. Grand Ave.
	Gary, IN 46408	Chicago, IL 60654
Recorder of	Lake County, Indiana	Indiana Department of Insurance
Lake County	Government Center	311 W. Washington Street
2293 North	Main Street	Suite 300
	, Indiana 46307	Indianapolis, Indiana 46204
	•	
IN 46402,	intends to hold a Ho	nat THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, spital Lien for all reasonable and necessary charges for tenance of the above listed patient as follows:
1.	The patient was admi	tted to the hospital on December 18 , 2013
2.	The amount due for	ospital care, treatment or maintenance during the
above hospi	talization is Two th	ousand eight hundred forty dollars and 00/10
(\$ 2.	.840.00 / Doll	ars. This amount is subject to reduction for any benefits
to which th	ne patient is entitled	d under the terms of any contract, health plan, or medical
insurance,	and credits for all	payments, contractual adjustments, write-offs, and any
other benef	it.	
3.	To the best of the H	ospital's knowledge, the patient or the patient's
legal repr	esentative claims tha	at the following named individuals and/or entities are
liable for	damages arising from	m the patient's illness or injury causing the hospital
stay:		
mb i a	Tion is being filed a	pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in
This	of the Pagerder of t	he County in which the Hospital is located, within ninety
the Office	ften the nationt was	discharged from the Hospital. The undersigned individual
(90) days as	this instrument have	ing been duly sworn upon oath, under the penalties of
pertury he	ereby states that the	e Hospital intends to hold the Hospital Lien as described
above and	that the facts and m	atters set forth in the foregoing statement are true and
correct.	31123 3113 231 3111	
		THE METHODIST HOSPITALS, INC.
		milia Dania
		(1) BY: MILLO Dangarous
STATE OF IN		MILICA DAMJANOVIĆ
	) SS:	
COUNTY OF I	LAKE )	
1 I	MILICA DAMJANOVIC	, being a <u>Patient Representative</u> for The Methodist
Hospitals,	Inc., being duly swo	rn upon oath, says that the facts stated in the foregoing
are true ar	nd correct.	
		(2) Milica Dampanoico MILICA DAMJANOVIC
		MILICA DAMJANOVIC
		aist .
Subso	cribed and sworn to be	efore me, a Notary Public, this $215\overline{1}$ day of
Sanuaux	, 2014.	
0		Lung Mr. Store
My Commiss:	ion Expires:	Motary Public  A Resident of June County
March	124,2019	A Resident of Muse County
T offirm	under the penalties	for perjuty, that I have taken reasonable care to redact
T attitul	l security number in t	this document, unless required by law.
eacii SOCIA.	r pecurred number rit	
This Instru	ument Prepared By:	
	11-	Earle F. Hites, Attorney at Law
ARAC	VINIT C	8700 Broadway, Merrillville, IN 46410

CLERK. 224802

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