STATE OF INDIA 4... LAKE COUNTY FILED FOR RECORD

2014 01/1886

2014 FEB 28 PM 1: 14

Acct#201243903

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:	Patricia M. Lucassen		`	
Patient:	Patricia M. Lucassen	Attorney:		
_	1823 W. 58th Ave.	1.0		
-	Merrillville, IN 464	10		
	Lake County, Indiana		ana Department of Insuran	ce
Lake County Government Center 311 W. Was 2293 North Main Street Suite 300			W. Washington Street	
Crown Point, Indiana 46307 Indianapolis, Indiana 46204				
			-	
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:				
1.	The patient was admitt			
and was disc	charged from the hospit	pital care, treatme	ent or maintenance during	the
above hospit	talization is <u>Two thou</u>	sand one hundred ni	inety seven dollars and O	0/100
			subject to reduction for	
	and credits for all p		any contract, health planual adjustments, write-o	
3.		pital's knowledge,	the patient or the patier	nt's
			ned individuals and/or lness or injury causing	
This I	Lien is being filed pur	suant to the Hospi	tal Lien Law, I.C. Section	on 32-33-4 in
the Office of	of the Rec <mark>order of the</mark>	County in which th	he Hospital is located, v	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				
periury, her	reby states that the H	g been duly sworn ospital intends to	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 METHODI	IST HOSPITALS, INC.	•
STATE OF IND	DIANA)	(1) BY: W.L.	Lica Damjanovic	uc
COUNTY OF LA) ss: AKE)			
	,			
I M Hospitals, I are true and	Inc., being duly sworn	being a <u>Patient</u> upon oath, says th	t Representative for The nat the facts stated in t	ne Methodist the foregoing
		(2) Will	La Damonous MILICA DAMJANOVIC	<u> </u>
C / Subscr	ibed and sworn to befor	re me, a Notary Pub	olic, this $\mathcal{M}^{\mathcal{T}}$ day of	
-ebruary		Ruis	an Chin	
My Commissio	on Expires:	(/)W/G	Notary Publ	
Mucha	24, 2019	A Resident	of Count	:y
I affirm, ur each social	nder the penalties for security number in this	perjury, that I has document, unless	have taken reasonable car required by law.	re to redact
This Instrum	ent Prepared By:			
	AA. A. A. C.	cle F. Hites, Attor	=	
CASH CHEC		00 Broadway, Merril	Iville, IN 46410	
	RAGE			
COb,			Official Seal	
	-COM		SEAL) Resident of Lake County, IN	S
CLEF	1K	\	My commission expires March 24, 2019	ļ.

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