STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2014 065991

2014 OCT 17 AM 11: 41

Acct#100821471

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:	Carlos Dickerson		
Patient:	Carlos Dickerson	Attorney:	Disparti Law Group
	6333 E. 3rd Place Gary, IN 46403		100 N LaSalle St. Ste 1616 Chicago, IL 60602
Lake County 2293 North	Lake County, Indiana Government Center	311 Suite	ana Department of Insurance W. Washington Street e 300 anapolis, 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 fisted patient as follows:			
above hospi (\$\frac{1}{1},\$ to which the insurance, other benefits 3. legal representable for stay: This the Office (90) days affexecuting to perjury, he	e patient is entitled ur and credits for all patient. To the best of the Hosp sentative claims that damages arising from the Recorder of the ter the patient was distributed instrument, having reby states that the Ho	cital care, treatment ital's knowledge, the following name has been contracted to the Hospi County in which to charged intends to easy set forth in the part of the county in which the charged intends to easy set forth in the county in the county in the county in which the county in which the county in the cou	ent or maintenance during the CONTROL COLLEGE TO MAINTENANCE PROPERTY COLLEGE and 17/100 COLLEGE TO reduction for any benefits any contract, health plan, or medical ual adjustments, write-offs, and any the patient or the patient's med individuals and/or entities are liness or injury causing the hospital tal Lien Law, I.C. Section 32-33-4 in the Hospital is located, within ninety Hospital. The undersigned individual upon oath, under the penalties of hold the Hospital Lien as described the foregoing statement are true and the thospitals, INC.
STATE OF IN	DIANA)) ss:	(1) YUAN YI L	MILICA DAMJANOVIC
COUNTY OF LA	•		
are true and	Inc., being duly sworn u d correct.	upon oath, says th	nt Representative for The Methodist hat the facts stated in the foregoing Ca Damyanovic MILICA DAMJANOVIC
Subscr Sy/temb	ribed and sworn to before 101, 2014.		olic, this <u>30/11</u> day of <u>Sano</u> Notary Public of <u>Sano</u> County
Mach		A Resident	of Jaire County
I affirm, u each social	nder the penalties for security number in this	perjury, that I	have taken reasonable care to redact required by law.
This Instrum	ment Prepared By: 7		

Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

Official Sea

UNICIA SEMI LISA M. STONE Resident of Lear Town, My commission express My commission express

CLERK. 90 °

AMOUNT \$ CASH_ CHECK#_

OVERAGE.

COPY_ NON-COM