STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 023298

2015 APR 17 PM 1:11

MICHAEL B. BROWN RECORDER

Acct#100953638

TO:

Patient:

238614

Return To:

Tashila Woods

Shilah Pitts

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

3613 Parrish Ave. East Chicago, IN 46312	
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
You are hereby notified that THE METHODIS IN 46402, intends to hold a Hospital Lien for hospital care, treatment or maintenance of the a	
1. The patient was admitted to the hosp and was discharged from the hospital on March 2. The amount due for hospital care, to above hospitalization is Six hundred ninety one	reatment or maintenance during the dollars and 25/100
to which the patient is entitled under the term insurance, and credits for all payments, contother benefit.	cractual adjustments, write-offs, and any
3. To the best of the Hospital's knowled legal representative claims that the following liable for damages arising from the patient's stay:	g named individuals and/or entities are
the Office of the Recorder of the County in who (90) days after the patient was discharged from executing this instrument, having been duly perjury, hereby states that the Hospital intensionable above and that the facts and matters set forth correct.	the Hospital. The undersigned individual sworn upon oath, under the penalties of ds to hold the Hospital Lien as described
STATE OF INDIANA) COUNTY OF LAKE)	MILICÁ DAMJANOVÁC
Hospitals, Inc., being duly sworn upon oath, sa are true and correct. (2) MI	ilica Damjoinoric
Subscribed and sworn to before me, a Notar	Os of Claus
My Commission Expires: Nach 24, 2019 A Resi	Notary Public Notary Odunty
I affirm, under the penalties for perjury, thateach social security number in this document, ur	at I have taken reasonable care to redact aless required by law.
AMOUNT \$	Attorney at Law Merrillville, IN 46410
CASHCHARGECHECK#CO_Z_L/-L/_ OVERAGEE COPYE NON-COM	Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019