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MICHAEL B. BROW: RECORDER

Acct#100942424

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Stella Campbell Stella Campbell Attorney: Tyler Law Offices Patient: 3539 W. 20th Ave 120 W Madison St #200 Chicago, IL 60602 Gary, IN 46404 Indiana Department of Insurance Recorder of Lake County, Indiana Lake County Government Center 311 W. Washington Street Suite 300 2293 North Main 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 admitted to the hospital on February 08, 2015
and was discharged from the hospital on February 14, 2015

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is F1fty five thousand dollars four hundred seventy three & 91/100 (\$ 55,473.91) Dollars. This amount is subject to reduction for any benefits to which the patient is entitled under the terms of any contract, health plan, or medical insurance, and credits for all payments, contractual adjustments, write-offs, and any other benefit. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital 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 METHODIST HOSPITALS, INC. BY:OAN Wilica, Danganouc MILICA DAMJANOVIC STATE OF INDIANA SS: COUNTY OF LAKE are true and correct. Milica a Danjanovic (2) cribed and sworn to before me, a Notary Public, thi

Subscribed and sworn to before me, a Notary Public, this day of My Commission Expires:

A Resident 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.

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This Instrument Prepared By:

DEBRA A ROSE
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Apr 23, 2022

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

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