STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 027135

2015 MAY -6 PM 12: 22

MICHAEL B. BROW RECORDER

Acct#201722809

238880

Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN	
TO: Charles Gould Jr. Patient: Charles Gould Jr. 3725 Monroe St. Gary, IN 46409	rney:
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
IN 46402, intends to hold a Hospital Lien for hospital care, treatment or maintenance of the 1. The patient was admitted to the hos and was discharged from the hospital of Febru 2. The amount due for hospital care, t above hospitalization is Chertonsard two hand (\$\frac{1}{246.25}\$ Dollars. This amount to which the patient is entitled under the Perminsurance, and credits for all payments, con other benefit. 3. To the best of the Hospital's knowl legal representative claims that the following liable for damages arising from the patient stay: This Lien is being filed pursuant to the 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 intensibove and that the facts and matters set forticorrect.	pital on February 19 , 2015 ary 19 , 2016 reatment or maintenance during the redefent residual for any benefits and 25/100 It is subject to reduction for any benefits subject to reduction for any benefits tractual adjustments, write-offs, and any edge, the patient or the patient's and individuals and/or entities are illness or injury causing the hospital Hospital Lien Law, I.C. Section 32-33-4 in ich the Hospital is located, within ninety in the Hospital. The undersigned individual the penalties of the hold the Hospital Lien as described
STATE OF INDIANA) COUNTY OF LAKE)	Mortica Damjanovic
I MILICA DAMJANOVIC , being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) Milica Damjanovic	
Subscribed and sworn to before me, a Nota 1. 2015. My Commission Expires: A Res I affirm, under the penalties for perjury, the each social security number in this document, u	Ald I Notary Public ident of County at I have taken reasonable care to redact
	Attorney at Law Merrillville, IN 46410 CHARGE 20284

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NON-COM____