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TO:

MICHAEL B. BROWN RECORDER

Daniel Slager

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Daniel Slager	Attorney:	<u> </u>
	604 Lafayette St	20.2	
	Valparaiso, IN 46	383	
Lake County 2293 North	Lake County, Indian Government Center Main Street	311 V Suite	ana Department of Insurance W. Washington Street = 300
Crown Point	, Indiana 46307	India	anapolis, Indiana 46204
IN 46402, i	intends to hold a He	ospital Lien for all	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
1. and was dis 2.	charged from the hos	pital on <u>November 2</u>	on November 21 , 2015 1 , 2015 . ent or maintenance during the
above hospi	talization is <u>Four</u>	Thousand Six Hundred S	
to which th	e patient is entitle and credits for al	ed under the terms of	any contract, health plan, or medical all adjustments, write-offs, and any
	esentative claims th	nat the following nam	the patient or the patient's med individuals and/or entities are lness or injury causing the hospital
the Office (90)days af executing t perjury, he	of the Recorder of ter the patient was this instrument, ha ereby states that th	the County in which t discharged from the ving been duly sworn e Hospital intends to	tal Lien Law, I.C. Section 32-33-4 in he 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 METHOD	IST HOSPITALS, INC.
		/1\ DV-	(Imaria Nino (ah)
STATE OF IN	DIANA)) ss:	(1) BY:	Ungue Sturk ich Aggie Djokich
COUNTY OF L	•		
Methodist H	ngie Djukich lospitals, Inc., beir re true and correct.	ng duly sworn upon oat	g a <u>Patient Representative</u> for The the says that the facts stated in the
0.1			Angie Djukich M
	7_, 2015.	efore me, a Notary Pub	olic, this <u>No</u> day of
My Commissi	on Expires:	0,	Notary Public
March	24,2019	A Resident	of Lake County
		for perjury, that I this document, unless	have taken reasonable care to redact required by law.
This Instru	ment Prepared By:	Earle F. Hites, Attor	
AMOUI	NT \$ //-	8700 Broadway, Merri	LIV111e, IN 46410
CASH_	CHARGE		Official Seal
CHECK OVER/ COPY	AGEE		SEAL COUNTY, IN My commission expires March 24, 2019