STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 049656

2016 AUG -2 PM 1: 25

MICHAEL B. BROWN RECORDER

Acct#202200708

25229 PAK_

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

Dotingto	Emma Hallanatan			
Patient:	Emma Hollopeter	Attorney:		
	1864 E 900 N			
	Lake Village, IN 463	.49		
Recorder of	Lake County, Indiana	Indi	ana Department of	Insurance
	Government Center		W. Washington Stre	
-	Main Street		e 300	
	, Indiana 46307		anapolis, Indiana	46204
OLOWII LOTIIC	indiana 40007	111010	anaporro, rnarana	10201
IN 46402,	are hereby notified that intends to hold a Hosp are, treatment or mainte	tal Lien for all	reasonable and n	ecessary charges for
		Document	15	
1.	The patient was admitt			01.6
and was dis	scharged from the hospit The amount due for hos	al on June 28 ,	2016 .	during the
	talization is The thomas 467.44) Dollar ne patient is entitled	sand four hundred	sixty seven follar	cs and 44/100
(\$ 1,	,467.44) Dollar	s. This amount is	subject to reduct	ion for any benefits
to which th	ne patient is entit lec :	inderethe terms of	GAY Contract, hea	th plan, or medical
insurance,	and credits for all p	payments, contracti	ual adjustments,	write-offs, and any
other benef				
3.	To the best of the Hos			
legal repre	esentative claims that	the following name	ned in <mark>dividuals</mark>	and/or entities are
	damages arising from	the patient's il	lness or injury	causing the hospital
stay:				
This	Lien is being filed pur	suant to the Hospi	tal Lien Law, I.C	Section 32-33-4 in
the Office	of the Recorder of the	County in which t	he Hospital is lo	cated, within ninety
(90) days af	fter the pat <mark>ient was di</mark>	scharged from the	Hospital. The ur	dersigned individual
executing	this instrument, havin	g been duly sworn	upon oath, und	er the penalties of
periury, he	ereby states that the H	ospital intends to	hold the Hospit	al Lien as described
above and	that the facts and mat-	ers set forth in	the foregoing st	stement are true and
correct.			the following see	accinent are erae and
		THE METHOD	IST HOSPITALS, INC	
		E SEAL S		•
		(1) BYDIANA WY	ilica Dam	more
STATE OF IN	IDIANA)		MILICA DAMJANOVI	ck
COUNTRY OF T) SS:		/	
COUNTY OF L	IARE)			
I	MILICA DAMJANOVIC	, being a Patie	nt Representative	e for The Methodist
Hospitals,	Inc., being duly sworn	upon oath, says th	hat the facts sta	ted in the foregoing
are true an	DEBRA A ROSE	2.0		
A No	otary Public - Seal	(2) Will	a Wanya	Mous
X	State of Indiana	-1,7	MILICA DAMJANOVI	IC .
	Lake County		77 11	l
My Samesis	sion expires Apr 23 w 2022 to befo	re me, a Notary Pub	olic, this Class	day of
	2040	N Infl		
7/10//		- Ullie C	a III	
My Commissi	on Expires:			ary Public
Do al	1つる フノラフ	A Resident	of Color	County -
HTD//_	0,1,0000		•	
T defirm	under the manultice for		1	
T WITTIM, (under the penalties for	perjury, that I	nave taken reason	hable care to redact
each social	security number in thi	s document, unless	required by law.	
This Instru	ment Prepared By:	2 3		
	Ea	rle F. Hites, Attor	nev at Law	
	11 - 87	00 Broadway, Merril	Llville, IN 46410	
AMC	DUNT &	=		
CASI	****			
	CK#_21089			
	RAGE			
COF	<i>u</i>			
	N-COM			