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MICHAEL B. BROWN RECORDER

Acct#202212629

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Return To:

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

<u>.</u>	SWORN STATEMENT &	NOTICE OF INTE	NTION TO HOLD H	OSPITAL LIEN	
TO: Patient:	Panagiotis Polita Panagiotis Polita 14620 Iowa St. Crown Point, IN 4	kis Attor	ney:	·	
Lake Count 2293 North	of Lake County, Indian By Government Center Main Street Mat, Indiana 46307		Indiana Department 311 W. Washington Suite 300 Indianapolis, Indi	Street	
IN 46402, hospital of and was di 2. above hosp (\$\frac{\sigma}{2}\$ benefits to medical and any ot 3. legal repulsable for stay: This the Office (90) days a executing perjury, h	are hereby notified to intends to hold a Horare, treatment or main the patient was admischarged from the hose the amount due for pitalization is fight 18,810.98 to which the patient insurance and credit insurance and credit to the best of the resentative claims the damages arising from the fifter the patient was this instrument, have the facts and reserved that the facts and reserved to hold the facts and reserved that the facts and reserved to hold a fact that the facts and reserved to hold the facts are the facts and reserved to hold the facts are the facts and reserved to hold the facts are the facts and reserved to hold the facts are the facts and reserved to hold the facts are th	itted to the hosp itted to the later to the later the following pursuant to the later to the later the county in which discharged from wing been duly see Hospital intendant to the later to th	all reasonable are bove listed patient is ital on July N1, 2016 eatment or maintent the hundred tender of amount is subject the Cterms of any ents, contractual dge, the patient of named individuals illness or injuries of the Hospital Ithe Hospital. The sworn upon oath, is to hold the Hospital tender of the Hospital of the Hospital Ithe	ance during the ars and 98/100 at to reduction contract, heal adjustments, writer the patient's als and/or entiry causing the solution of the patient's als and/or entiry causing the solution of the penal poital Lien as contract are	for any th plan, te-offs, ties are hospital e-33-4 in n ninety dividual lties of described
STATE OF I) ss:		MILICA DAMJA	NOVIC	<i>7</i> 00
COUNTY OF	LAKE) MILICA DAMJANOVIC	boing a D	ationt Poprogenta	tive for The N	Mothodist
Hospitale, are true & Note St. V Commissi	AInc. being duly swo Effi correct. ary:c - Seal ate condiana .ake lounty on Expires Aprila 2020 rn to b	efore me, a Notar	ys that the facts Allica Oct MILICA DAMJA		
each socia	under the penalties l security number in				o redact
This Instr	rument Prepared By:	Earle F. Hites,	Attorney at Law errillville, IN 46	410	
Ś	DEBRA A ROSE lotary Public - Seal State of Indiana Lake County ission Expires Apr 23, 2022	AMOUNT \$	HARGE P		

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CLERK_