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MICHAEL B. BROWN RECORDER

Acct#202224205

TO:

Patient:

Return To:

Austin Salazar Austin Salazar

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

3117 43rd St.	
Highland, IN 46322	
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	above listed patient as follows:
	1v 22 2016 . treatment or maintenance during the
insurance, and credits for all payments, co other benefit.	Int is subject to reduction for any benefits the present contract, health plan, or medical ntractual adjustments, write-offs, and any ledge, the patient or the patient's and named individuals and/or entities are
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.	
STATE OF INDIANA	Milica Campanouic
COUNTY OF LAKE	
I MILICA DAMJANOVIC , being a Hospitals, Inc., being duly sworn upon oath,	Patient Representative for The Methodist says that the facts stated in the foregoing Milica Damjanovic
Subscribed and sworn to before me, a Notary Public, this 10Th day of 10th, 2016.	
My Commission Expires:	Swn M. Stone Notary Public sident of Lano County
March 24,2019 A Re	sident of Lano 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.	
This Instrument Prepared By: Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410	
AMOUNT \$ _ // - CASHCHARGE CHECK # 21/29 OVERAGECOPYE COPYE 251872, 60 BON-COMCLERK	Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019
2010 CLERK	