STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 056177

2016 AUG 18 PH 1: 20

MICHAEL B. BROWN RECORDER

Acct#101215074

Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Larry Colquitt		
Patient:	Larry Colquitt	Attorney:	
	525 McKinley St.		
	Gary, IN 46404		
	Gary, IN 46404		
		7 11	D
	f Lake County, India		ana Department of Insurance
	y Government Center		W. Washington Street
	Main Street	Suit	e 300
Crown Poin	t, Indiana 46307	Indi	anapolis, Indiana 46204
IN 46402, hospital co	intends to hold a are, treatment or ma	Hospital Lien for all aintenance of the above Document mitted to the hospital	SPITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows: 15 on July 03 , 2016
and was discharged from the hospital on Culv 03 2016. 2. The amount due for hospital care, treatment or maintenance during the			
above benefit in the first the part of the transfer of maintenance during the			
above hospitalization is Thithough aver burned reverty eight dollars and 96/100			
(\$ 1,778.96) Dollars. This amount is subject to reduction for any benefits to which the patient is entitled under the tolly break dollars, health plan, or medical			
insurance, and credits for all payments, contractual adjustments, write-offs, and any			
other benefit.			
3. To the best of the Hospital's knowledge, the patient or the patient's			
legal representative claims that the following named individuals and/or entities are			
liable for damages arising from the patient's illness or injury causing the hospital			
stay:			
This	Lien is being filed	d pursuant to the Hosp	ital 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			
(90) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been that sworn upon oath, under the penalties of			
perjury, h	ereby states that t	he Hospital Intends t	b hold the Hospital Lien as described
above and	that the facts and	matters set forth in	the foregoing statement are true and
correct.			
		THE METHOD	ST HOSPITALS, INC.
		JEAL SEAL	1.0.
		(1) BUDIANA	Leica Danjondru
STATE OF I	NDIANA)	The state of the s	MILICA DAMJANOVIC
) ss:		
COUNTY OF LAKE)			
·			
I	MILICA DAMJANOVIC	, being a Patie	ent Representative for The Methodist
Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing			
are true and correct.			
(2) Wilica Domianous			
MILICA DAMJANOVIC			
A sub-amiliar and and a sub-amiliar and a sub-am			
Subscribed and sworn to before me, a Notary Public, this day of			
-1 1 1/1/85 W	<u>, 0</u> , 2016.	<i> </i>	
		_ <i>WUU</i> /C	Che
My Commiss:	ion Expires:		Notary Public
- /1/2 /	/イス フィファー	A Resident	of County
_/7/)///	1,000		
Toffice			
i diritm'	under the penalties	s for perjury, that I	have taken reasonable care to redact
each socia.	I security number in	this document, unless	required by law.
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	BRA A ROSE	Banka Bulli	
v v	y Public - Seal	Earle F. Hites, Atto	
Notary Public - Seal 8700 Broadway, Merrillville, IN 46410 State of Indiana			
Lake County			
My Commission Expires Apr 23, 2022 AMOUNT \$			
		CASHCHARGE	
		CHECK#2/128	
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		COPY	
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252725		CLERK OF TO	

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