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MICHAEL B. BROWN RECORDER

Acct#202206118

TO:

 $\sqrt{}$

Return To:

Jessica Henderson

CLERK___

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Jessica Henderson	Attorney:	
	1024 N. Elmer		
	Griffith, IN 46319		
Lake County 2293 North 1	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W. Suite 3	a Department of Insurance Washington Street 300 apolis, Indiana 46204
IN 46402, in hospital case 1. and was discussed above hospitals (\$ 3,	Intends to hold a Hostre, treatment or main The patient was admit charged from the host The amount due for he talization is Three 605.87	tenance of the above lited to the hospital of treatment of the property of the care, treatment of the care, treatment of the care, the care of the car	
	and credits for all		l adjustments, write-offs, and any
3. legal repre	To the best of the Hessentative claims that	at the following named	he patient or the patient's dindividuals and/or entities are ess or injury causing the hospital
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 could 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 IN	DTANA	(1) BYOIANA MILETTY	MILIZA DAMJANOVIC
DIMIL OF IN) ss:		0
COUNTY OF L	AKE)		
I MILICA DAMJANOVIC , being a <u>Patient Representative</u> for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) Milica Damjanovic			
Subscribed and sworn to before me, a Notary Public, this day of, 2016.			
		<u>Dúsa</u>	M. Stone
My Commission Expires: Notary Public A Resident of Sun County County			
1) unail	$\alpha(\alpha)$		
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			
252722	AMOUNT \$//~ CASHCHARGE CHECK # 2//28 OVERAGECOPY	E	Official Seal LISA M. STONE Resident of Lake County. IN My commission expires March 24, 2019