STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 010509

2017 FEB 17 PM 1: 16

MICHAEL B. BROWN RECORDER

Acct#202373639

TO:

Return To:

Ralph D. Pauley

CLERK__

259269

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

	Raiph D. Pauley	Accorney.	•
	2236 W. 48th Pl	•	
	Gary, IN 46408		
			
Recorder of	Lake County, Indi	ana Indi	iana Department of Insurance
	Government Center		W. Washington Street
2293 North	Main Street	Suit	te 300 .
Crown Point	, Indiana 46307	Ind	ianapolis, Indiana 46204
•			
IN 46402, i	intends to hold a re, treatment or m	Hospital Lien for all aintenance of the above	OSPITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for e listed patient as follows:
1.	The patient was a	dmitted to the hospita	I on December 15 _, 2016
and was dis		ospital on December	
2.	The amount due for	r hospital care, treats	ment or maintenance during the
above hospi			
(\$ 1,	570.20	ollars. This amount is	seventy dollars and 20/100 s subject to reduction for any benefits
to which th	e patient is entir	tlec Lake theuters Rot	convocantract, health plan, or medical
			tual adjustments, write-offs, and any
other benef			
3.		e Hospital's knowledge	, the patient or the patient's
legal repre	esentative claims	that the following na	med individuals and/or entities are
liable for	damages arising	from the patient's i	llness or injury causing the hospital
stay:	-		
-			-
			bital Lien Law, I.C. Section 32-33-4 in
			the Hospital is located, within ninety
(90) days af	fter the pa <mark>tient w</mark>	as discharged from the	Hospital. The undersigned individual
			n upon oath, under the penalties of
perjury, he	ereby states that	the Hospit <mark>al inte</mark> nds t	o hold the Hospital Lien as described
above and t	that the facts and	r matters set forth in	the foregoing statement are true and
correct.			
		THE METHO	IST HOSPITALS, INC.
			1. in A home in MS . a
		(1) BUINNEY	THE PARTITION OF THE PA
STATE OF IN	,		MILICA DAMJANOVIC
) SS:		
COUNTY OF L	AKE)		
т	MILICA DAMJANOV	TC heing a Pati	ient Representative for The Methodist
Un coni	MILICA DAMOANOV	sworn upon oath save	that the facts stated in the foregoing
nespicais,	DEBRA & ROSE	sworn upon oach, says	1 ~
are true an	lary Public Seal	(2) While	100 Company
)	State of Indiana	, (2)	MILICA DAMJANOVIC
) a	Lake County ssion Expires Apr 23, 2022	;	MILLION BRIDGING TO
My Commis	Slott Expires Apr 20, 2022	before me, a Notary P	ublic, this 3 day of
VAINTA	\mathcal{O} , 2017.	before me, a Nogry 1	The state of the s
JUNUU	, 2017.		
My Commissi	on Expires:		Notary Public
by Commissi	1 ~ - 0 x	A Residen	1 -21 10 0
- 1XR(//	' 1/2 1/1) 1/V	, A Residen	c of Other
<i>V) -</i> -	771000-	_ *	
I affirm,	under the penaltie	s for perjury, that I	have taken reasonable care to redact
		n this document, unless	
	-		
This Instru	ment Prepared By:	726	•
		Earle F. Hites, Att	
A	MOUNT \$	8700 Broadway, Merr	illville, IN 46410
	ASHCHARGE		
	HECK#	_	
	VERAGE	F	
_	OPY	· ·	
N.			