STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 019829

2017 MAR 28 PM 1: 12

MICHAEL B. BROWN RECORDER

Acct#101325670

OVERAGE. COPY_ NON-COM_

260653 EERK_

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Tennille Cain			
Patient:	Tennille Cain 5350 Harrison St.	Attorney		
,	Merrillville, IN 46	<u>4</u> 10		
Lake County 2293 North I	Lake County, Indiana Government Center Main Street , Indiana 46307	311 Sui	iana Department of W. Washington Street te 300 ianapolis, Indiana	et
	•		•	
IN 46402, i	re hereby notified that intends to hold a Hos re, treatment or maint	pital Lien for all enance of the above	reasonable and ne	cessary charges for follows:
1.	The patient was admit	ted to the hospital	on February 02 ,	2017
and was dis	charged from the hospi The amount due for ho	tal on February spital care, treats	hent or maintenance	during the
(\$ benefits to or medical	talization is winetee 19,957.08 which the patienthic insurance, and credit	thousand nine hu Dollars. This and Lankit County Rt	ndred fifty reven de hount is subject to comment of any com	ollars and 08/100 oreduction for any atract, health plan,
and any oth	er benefit. To the best of the Ho	spital's knowledge	the nationt or the	a nationt's
legal repre	esentative claims that damages arising from	the following na	med individuals	and/or entities are
This	Lien is being filed p	irsuant to the Hosp	ital Lien Law, I.C.	. Section 32-33-4 in
the Office (90)days af executing tperjury, he	of the Recorder of the ter the patient was definition instrument, having reby states that the chat the facts and management.	e County in which ischarged from the ng been drly swor Hospital intends to the set forth in	the Hospital is loc Hospital. The und n upon oath, unde o hold the Hospita	cated, within ninety dersigned individual r the penalties of l Lien as described tement are true and
		(1) BYD:ANA Y	ilica Dam	sandric
STATE OF IN			MILICA DAMJANOVI	
COUNTY OF L) ss: AKE)			
T		balan a Dati		for The Mothodist
are true and		n upon oath, says	that the facts state was work with the manual transfer of the control of the cont	ed in the foregoing
Madh	ribed and sworn to bef, 2017.	fore me, a Notary Pr	So M. Stano	
My Commissi	on Expires:		Note	ary Public
Mane	12 24-2019 -	A Residen	t of (/)ane	County
I affirm, u	under the penalties for security number in the	or perjury, that I	have taken reason s required by law.	able care to redact
This Instru		Earle F. Hites, Atto		
C/ Cl O' Cl	MOUNT \$	-	Official S	DNE Lake County, IN sion expires