STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 058867

2017 AUG 30 PM 1: 13

MICHAEL B. BROWN RECORDER

Acct#202600247

266608

CLERK\_\_\_\_\_

Return To:

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

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

ro:	Keith Chiaro	·	
Patient:	Keith Chiaro	Attorney:	
•	7634 Dove Dr		
	Schererville, IN 46	<u> </u>	
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204	
Vou a	re hereby notified the	at THE METHODIST HOSPITALS, INC., 600 Grant Street,	Gary.
IN 46402, i	intends to hold a Hos re, treatment or maint	spital Lien for all reasonable and necessary charge renance of the above listed patient as follows:  Octoment 18  July 30 , 2017	s for
1. and was dis 2.	charged from the hospi	ital on August (1), 201/	
(\$	talization is pixteen 16,475.97	thousand four hundred seventy five dollars and 97/2	or any
or medical	which the patienths insurance, and credit er benefit.	s Lakit Gounter Recorder of any contract, health is for all payments, contractual adjustments, write-	plan, -offs,
3. legal repre	To the best of the Hoesentative claims that	ospital's knowledge, the patient or the patient's t the following named individuals and/or entitient the patient's illness or injury causing the hospitals.	s are
the Office (90)days af executing t perjury, he	of the Recorder of the start the patient was of this instrument, having reby states that the	ursuant to the Hospital Lien Law, I.C. Section 32-33 ne County in which the Hospital is located, within a discharged from the Hospital. The undersigned indiving been duly sporn upon oath, under the penaltic Hospital intense to hold the Hospital Lien as described as the foregoing statement are true.	ninety vidual es of cribed
correct.		THE METHODIST HOSPITALS, INC.  (1) PULL DO DAMPONOU	è
STATE OF IN	IDIANA ) ss:	MILYCA DAMJANOVIC	C
COUNTY OF L	AKE )		
I_ Hospitals, are true an	Inc., being duly swor	, being a <u>Patient Representative</u> for The Method upon oath, says that the facts stated in the form  (2) MILICA DAMJANOFIC	nodist egoing
	cribed and sworn to be:	fore me, a Notary Public, this <u>And</u> day of	
My Commissi	on Expires:	Notary Public	
-	24,2019	A Resident of <u>Hame</u> County	
I affirm,	under the penalties f	for perjury, that I have taken reasonable care to his document, unless required by law.	redact
This Instru	nment Prepared By:		
CA Cł O		Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410  Official Seal LISA M. STONE Resident of Lake County, IN	
N	ON-COM	My commission expires March 24, 2019	•