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26818 CLERK

MICHAEL B. BROWN RECORDER

Return To:

Hodges & Davis, P.C.

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

TO:	Lori Konopasek		
Patient:	Cole Konopasek	Attorney:	
	500 Canterburry Ct	·	
	Griffith, IN 46319		
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	Indiana Department of Insurar 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204	ace
Van	ma hamaha matifilal ti	hat mus Memuoriam uportanta ina coo a	
IN 46402, in hospital ca	intends to hold a Hore, treatment or main	hat THE METHODIST HOSPITALS, INC., 600 Grant spital Lien for all reasonable and necessar tenance of the above listed patient as follow	v charges for
2.	charged from the host The amount due for h	tted to the hospital on August 25 , 2017 Sital on August 25 , 2017 . Hospital care, treatment or maintenance during	the
above hospi (\$	talization is Trevent 17,462.55	pen thousand four hundred sixtyftwo dollars a pollars. This amount is subject to reduce that the dumagrants of any contract,	and 55/100 ction for any
benefits to or medical and any oth	insurance, and credi	ts for all payments, contractual adjustments	health plan, write-offs,
3. legal repre	To the best of the Eesentative claims that	dospital's knowledge, the patient or the patient at the following named individuals and/or m the patient's illness or injury causing	entities are
the Office (90)days af executing t perjury, he	of the Recorder of the ter the patient was this instrument, have breby states that the	pursuant to the Hospital Lien Law, I.C. Sections County in which the Hospital is located, discharged from the Hospital. The undersigning been andly Sworn upon oath, under the Hospital Intends to hold the Hospital Lien atters set forth in the foregoing statement	within ninety ed individual penalties of as described
STATE OF IN	DIANA)	(1) MILICA DAMJANOVICE	nouc
COUNTY OF L	•		
are true an	Inc., being duly swo d correct.	, being a <u>Patient Representative</u> for the facts stated in the	the foregoing
October	ribed and sworn to be 7_{-} , 2017.	efore me, a Notary Public, this $\frac{2nd}{4n}$ day of	
My Commissi	on Expires:	Notary Pub.—A Resident of Land—Cour	plic
March -	24,2019	A Resident of	ity
		for perjury, that I have taken reasonable chis document, unless required by law.	are to redact
,	ment Prepared By:	Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410	
CA C'i O'	SHCHARGE_ HECK#2/945 VERAGEOPY	Official Seal LISA M. STONE Resident of Lake County My commission expires March 24, 2019	1755) Ary Sikkada Dinna