STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 OCT 31 PM 12: 56

MICHAEL B. BROWN RECORDER

Return To:

Acct#101436072

268703

Hodges & Davis, P.C.

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

TO:	Anthony Milligan			
Patient:	Anthony Milligan 830 Elkhart St.	Attorney: _		· ·
•	Gary, IN 46403	-		· · · · · · · · · · · · · · · · · · ·
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W. Suite	a Department of Washington Stre 300 apolis, Indiana	eet
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows: 1. The patient was admitted to the hospital on August 31 , 2017				
1. and was disc	The patient was admitted charged from the haspital The amount due for hospi	l on August 31	A 2017 .	2017
above hospit (\$ 1, to which the	talization is one thousa	and one thindred twe This amount is state Countrys Reco	nty five collars ubject to reduct ny contract, hea	and 99/100 ion for any benefits th plan, or medical
	it. To the best of the Hospissentative claims that to damages arising from the	the following name	d individuals	and/or entities are
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 duly 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) ss:	(1) EMIANA J.L.	MILICA DAMJANOVI	ganoric
COUNTY OF LA	AKE)			
I MILICA DAMJANOVIC , being a Patient Representative 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				
U CHAMA	ribed and sworn to before $\sqrt{}$, 2017.	e me, a Notary Publ		day of
My Commission	on Expires:	_A Resident o		cary Public County
	ander the penalties for security number in this			nable care to redact
-		le F. Hites, Attorn	_	·
Notary F State (Lake	A A ROSE Public - Seal of Indiana County Expires Apr 23, 2022	AMOUNT \$	VIIIE, IN 46410	

CLERK_