## STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 043929

2019 JUL 18 PM 1:30

203064439

TO:

288433

MICHAEL B. BROWN RECORDER

Return To:

Sam Millard

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

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

Patient: Sam Milla		orney:	
4947 Jeff			
Gary, IN	46408		
Recorder of Lake Count		Indiana Department of In	
Lake County Government 2293 North Main Street		311 W. Washington Street	<u>:</u>
Crown Point, Indiana		Suite 300 Indianapolis, Indiana 46	5304
crown Forne, indiana	0307	indianapolis, indiana 40	)204
IN 46402, intends to hospital care, treatme	hold a Hospital Lien f	or all reasonable and necessary above listed patient as formal and may 29 ,	essary charges for
and was discharged from	om the hopital on May	FOCIATION PRAINTENANCE C	during the
above hospitalization	is Thirteen Thousand Th	hree Hundred Twenty-Two and	1 22/100
(\$ 13,322.22	Dollars. T	hree Hundred Twenty Two and his amount is subject to	reduction for any
benefits to which the or medical insurance, and any other benefit.	patienths Lake ledum and credits for all pa	yments, contractual adjust	ract, health plan, ments, write-offs,
legal representative	claims that the follow	wledge, the patient or the ing named individuals and it's illness or injury cau	nd/or entities are
the Office of the Rec (90) days after the pa executing this instruperjury, hereby state above and that the facorrect.  STATE OF INDIANA  COUNTY OF LAKE  I Angie Djukich Methodist Hospitals,	order of the County in tient was discharged from the tient, having been with the state and matters set for the tient and matte	which the Hospital is local om the Hospital. The under the Hospital. The under the to hold the Hospital of the foregoing states that the foregoing states are being a Patient Representation on the Hospital Angle Djukith	eted, within ninety ersigned individual the penalties of Lien as described ement are true and
foregoing are true and		/ havi have	lak.
	(2)sworn to before me, a No	Surg Stone	day of
My Commission Expires:			ry Public
Marel 21, 202	7 A R	esident of Lake	County
I affirm, under the p	penalties for perjury, number in this document, red By:  Gregory A. So	that I have taken reasonal unless required by law. bkowski, Attorney at Law , Merrillville, IN 46410	ole care to redact
AMOUNT \$CHAN CASHCHAN CHECK # OVERAGE COPY NON-GOM CLERK	3577 E	LISA STONE Notary Public - Sea Lake County - State of In Commission Number NP06 My Commission Expires Mar	ndiana