

## 2002 018271

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RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

JOHN PUZA

Patient:

JOHN PUZA

825 N GLENWOOD ST #2F GRIFFITH, IN 46319

Attorney:

PERRY THEODOROS

8750 BROADWAY

MERRILLVILLE, IN 46410

Recorder of Lake County, Indiana Lake County Government Center 2293 North Maiħ Street Crown Point, Indiana 46307

Indiana Department of Insurance 311 W. Washington Street Suite 300

Indianapolis, Indiana 46204

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

The patient was admitted to the hospital on NOVEMBER 20, 2001

and was discharged from the hospital on NOVEMBER 20 , 2001

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is ONE THOUSAND SIX HUNDRED NINETEEN ) Dollars.

3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay:

This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-8-26 in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty (180) 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. (1) BY: ngu Durich STATE OF INDIANA ANGIE DJUKICH ) ss: COUNTY OF LAKE

ANGIE DJUKICH , being a <u>Patient Representative</u> for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the ANGIE DJUKICH foregoing are true and correct.

(2) ingre ANGIE DJUKICH Subscribed and sworn to before me, a Notary Public, this \_ Herriary, 2002.

Commission Expires:

Notary Public A Resident of Zake

This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410