Acct 354986200

TO:

2004 034225

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

TO:Robert L. Powell
3522 Pennsylvania St Gary, IN 46409
Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 311 W. Washington Street 2293 North Main Street Suite 300 Crown Point, Indiana 46307 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 patient as follows:
1. The patient was admitted to the hospital on February 17 , 2004 and was discharged from the hospital on February 17 , 2004 .  2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Seven Hundred Fifty-Four (\$ 754.00 ) 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 32-33-4 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.
(1) BY: <u>Angue Dukuch</u> STATE OF INDIANA ) 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 foregoing are true and correct.
(2) <u>Ingle DjuRuh</u> Subscribed and sworn to before me, a Notary Public, this 12th day of
$(1/1)^{2} \cdot (1/2)^{2} \cdot (1/2$
My Commission Expires:  A Resident of Sake County
This Instrument Prepared By: Clyde D. Compton, Attorney at Law
This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410
Official Seal LISA STONE

