

2004 042097

2004 MAY 20 PH 1: 19

653797464

MORAIS W. COMER.

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

TO: Michael Casey Patient: Michael Casey

9401 W. 141st Street Cedar Lake, IN 46303 Attorney: Andrew Yoder

1524 W. 96th Ave.

Crown Point, IN 46307

Recorder of Lake County, Indiana Lake County Government Center 2293 North Main 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 patient as follows:

1. The patient was admitted to the hospital on December 08 , 2003 and was discharged from the hospital on December 08 , 2003 .

2. The amount due for hospital care, treatment or maintenance during the

above hospitalization is Three Thousand Five Hundred Sixty Four and 20/100 (\$ 3,564.20 ) 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.

THE METHODIST HOSPITALS, INC.

STATE OF INDIANA	)	(1)	BY: Margaret Cooper
	) ss:		
COUNTY OF LAKE	)		

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

Margart Margar (2)Margaret Cooper Subscribed and sworn to before me, a Notary Public, this 5th day of

\_, 2004.

My Commission Expires:

A Resident of

 $\partial$  Notary Public County

March 24, 2011 This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410

