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Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

TO: <u>Corwin V. Porter</u> Patient: <u>Corwin</u> V. Porter

1021 Greene Pl Gary, IN 46403 Attorney: <u>J. Robert Vegter</u>

100 E 90th Dr.

Merrillville, IN 46410

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: Document is

1. The patient was admitted to the hospital on February 09 , 2004 and was discharged from the hospital on April 16 , 2004 .

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Six Thousand One Hundred Ninety-Three 6,193.00 Dollars.

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

	THE METHODIST HOSPITALS, INC.
STATE OF INDIANA )	(1) BY: <u>ingle QuR (Ch</u> Angie Djukith
COUNTY OF LAKE )	
Angie Djukich Hospitals, Inc., being duly foregoing are true and corre	, being a <u>Patient Representative</u> for The Methodist y sworn upon oath, says that the facts stated in the ect.
	(2) <u>Congre Duruch</u>
Subscribed and sworn t	Angie Tjukich o before me, a Notary Public, this 24th day of  Huja Stone

My Commission Expires:

A Resident of

Notary Public County

march 34, 2011 This Instrument Prepared By: Clyde D. Compton, Attorney at Law

8700 Broadway, Merrillville, IN 46410

Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011