STARE OF INDIANA, LAKE COUNTY FILED FOR RECORD

2005 044684

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Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

тο٠ Patient:

CLAUDIA TREVINO

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825 N. GLENWOOD ST 2K

GRIFFITH, IN 46319

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

Attorney: PERRY W. THEODOROS 8750 BROADWAY STE A

MERRILLVILLE, IN 46410 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 _DECEMBER 4 , _2004 and was discharged from the hospital on FEBRUARY 11 2005.

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

hospitalization zation is One Thousand Nine Hundred Eighty One & 18/100 (\$ 1,981.18

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

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,

arliara

STATE OF INDIANA

) SS: BARBARA DÓVE

COUNTY OF LAKE

I, BARBARA DOVE _, being a <u>Patient Representative</u> for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the fagets stated in the foregoing are true and correct.

> Darbara (2)BARBARA DOVE

Subscribed and sworn to before me, a Notary Public, , 2005.

Notary Public he__ County

Commission Expires:

March 24, 2011 This Instrument Prepared By: Clyde D. Compton, Attorney at Law

8700 Broadway, Merrillville, IN 46410

OK 12369 LP

Official Seal JESSICA TORRES
Resident of Lake County. IN Viy commission expires March 24, 2011