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MICHAEL A FROMM RECORDED

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Return To:

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

_Brigette Hill

Patient: Brigette Hill

2655 VanBuren St.

Gary, IN 46407

Attorney: I. Peter Polansky

77 West Wacker Dr., #4025

Chicago, IL 60601

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:

The patient was admitted to the hospital on April 02 , 2005

and was discharged from the hospital on April 02 2005.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Six Hundred Fifty Nine and 00/100

(\$ 659.00) 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.

THE METHODIST HOSPITALS, INC.

(1) BY: Margaret Cooper

STATE OF INDIANA)	Mar	garet Cooper	COCKEC	
) ss:		1		
COUNTY OF LAKE)				
Margaret Coop Hospitals, Inc., be foregoing are true	per, being duly swor	eing a <u>Patien</u> n upon oath,	et Representat: says that the	ive for The e facts stat	Methodist ed in the
		(2) <u>2772</u> Mar	ugaut C	wyeu	***************************************
Subscribed and	l sworn to befo 5.	· ·			y of
My Commission Expire	2 ç •	_1) Ru	of AWeldt	>	
3.24~00		A Resider	nt of Orde	Notary Cour	Public nty
This Instrument Prep			Attorney at La		04 (2)