STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2006 008465 \_\_\_\_\_ 2006 FEB -2 PN 3: 52

Acct 355502188

MICHAEL A. BROWN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

TO:

Anthony J. Shaw

Anthony J. Shaw Patient:

3657 Johnson St.

Gary, IN 46408

Attorney: Raymond Meyer

120 W Madison St Suite 614

Chicago, IL 60602

Indiana Department of Insurance

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

Suite 300

Indianapolis, Indiana 46204

311 W. Washington Street

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 August 16 and was discharged from the hospital on August 16 der 2005

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

above hospitalization is One Thousand One Hundred Fifteen

1,115.00 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. 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.

ingre (2) Angije Djukicij Subscribed and sworn to before me, a Notary Public, this

<u>anuaul</u>, 2006

Ruse Stone

Notary Public CK128

My Commission Expires:

A Resident of Lake

County

March 24,7011

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

142584

Prescribed by the State Board of Accounts (2005) County form 170

## Declaration

## Document is

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby affirm under the penalties of perjury:

- 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Signature of Declarant

Printed Name of Declarant

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