LAKE COUNT FILED FOR RECORD

## 2006 074884

2006 AUS 25 PM 1: 20

Acct 200075184

Return To:

8700 Broadway, Merrillville, IN 46410 ER

- OWN

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Stefanie Brown

Patient:

Stefanie Brown Pierce St

Gary, IN 46407

Attorney: Robert Montgomery

9105 Indianapollis Blvd Suite D

Highland, IN 46322

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 July 11, 2006
and was discharged from the hospital on July 15, 2006

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Fourteeen Thousand Twenty-Two

(\$ 14,022.00 ) 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. 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

ingle Gurich

being a <u>Patient Representative</u> for The Methodist 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.

(2)

Lake

Subscribed and sworn to before me, a Notary Public, this

\_\_\_\_, 2006.

Notary Public

My Commission Expires:

A Resident of \_

CLYOSER 10, 2013

I affirm, under the penalties for perjury that I have taken reasonable care to redact each social security number in this document, unless required by law.

This Instrument Prepared By:

Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410

Official Seal SHERRY C. FOUST SEAL Resident of Lake County, IN My commission expires October 10, 2013

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