LAKE COUNT FILED FOR RECORD

## 2006 074894

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MICHALLE JEOWN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

TO: Patient: ZADIE ROSENTHAL-GRAY

ZADIE ROSENTHAL-GRAY

6088 CLEVELAND ST. APT D

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:

1. The patient was admitted to the hospital on March 03, 2006

and was discharged from the hospital on March 04, 2006

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is ONE THOUSAND NINE HUNDRED NINETY-NINE DOLLARS 00/100

(\$ 1,999.00 ) 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 entited

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.

) ss:

COUNTY OF LAKE

STATE OF INDIANA

Soul Walls TOWANDA WALLS

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

> (2) TOWANDA WALLS

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

(SEAL)

**WIANS** 

dugust, 2006.

My Commission Expires:

<u>Mirch 24,2011</u>

Official Section (A)
JESSICA VARRES
Residen A Resident (A)
My commission expires March 24, 2011

Notary Public

for perjury, that I have taken reasonable care to redact this document, unless required by law.

Clyde D. Compton, Attorney at Law

8700 Broadway, Merrillville, IN 46410

This Instrument Prepared By:

I affirm, under the penalties for each social security number in this,

Ch 13312 2P

# 146776