SYATE OF INDIANA LAKE COUNTY: FILE YOUR RUTCHS

2007 046528

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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: Patient: CARLTON P MAHONE
CARLTON P MAHONE
304 PIERCE STREET
GARY, IN 46404

Attorney: MAXINE E KING

3833 MERIDIAN STREET STE. 260

INDIANAPOLIS IN 46208

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 APRIL 2, 2007 and was discharged from the hospital on APRIL 20, 2007.

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

above hospitalization is ONE THOUSAND NINE HUNDRED TWO 00/100

(\$\frac{1,902.00}{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.

BY: WILLSA VASQUEZ

BY: MELISSA VASQUEZ

STATE OF INDIANA

) ss:

COUNTY OF LAKE

I MELISSA VASQUEZ , 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.

Musscribed and sworn to before me,

MELISSA VASQUEZ a Notary Public, this day

ssion Expires:

A Resident of County

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

This Instrument Prepared By:

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

