2007 051441

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2007 JUN 26 AM 11:48
MICHELLE BISHOP
RECORDER

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Return To: Hodges & Davis, P.C.
8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Sheila Montgomery
Patient: Sheila Montgomery
2541 E 21st Ave
Gary, In 46407

Attorney: _____

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 01, 2007 and was discharged from the hospital on April 18, 2007

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Three Thousand Two Hundred Twenty Three and 00/100 ($ 3,223.00) 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: Michelle Bishop
Michelle Bishop

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

I Michelle Bishop, being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

(2) Michelle Bishop
Michelle Bishop

Subscribed and sworn to before me, a Notary Public, this 6 day of June, 2007.

Annette M. Perez
Notary Public

My Commission Expires: August 28, 2014

A Resident of Lake County

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.

$11- Ck# 14060

This Instrument Prepared By: Clyde D. Compton, Attorney at Law
8700 Broadway, Merrillville, IN 46410

CA

Official Seal
ANNETTE M. PEREZ
Resident of Lake County, IN
My commission expires
August 28, 2014

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