2007 055596

Sheldon Bell

Sheldon Bell

Gary, IN 46408

1930 Connecticut St

2007 JUL 10 PM 3: 16

MICHAEL A. BROWN RECORDER

100117681

TO:

Patient:

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

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 June 01, 2007 and was discharged from the hospital on June 01, 2007 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Two Thousand One Hundred Nine (\$\frac{2,109.00}{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 path, 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.	
	HE METHODIST HOSPITALS, INC.
STATE OF INDIANA) COUNTY OF LAKE)	Anglie Djukich
Hospitals, Inc., being duly sworn upon oath are true and correct. (2)	Patient Representative for The Methodist says that the facts stated in the foregoing Argie Djykich
Subscribed and sworn to before me, a 1	
My Commission Expires:	Husa Stere Notary Public
March 24,2011	Resident of Lake County
I affirm, under the penalties for paritry, each social security number in this document	that I have taken reasonable care to redact
	ipton, Attorney at Law Ly, Merrillville, IN 46410
	Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011