STATE OF INDIANA LAKE COUNTY FILED FOR REDURD

2007 056658

2007 JUL 12 AM 10: 36

MICHAEL A. BROWN RECORDER

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Hodges & Davis, P.C.

## 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Timothy Lee		
Patient:	Timothy Lee	Attorney:	
	248 Hamlin		
-	Gary, IN 46406		
Lake County 2293 North M	Lake County, Indiana Government Center Main Street , Indiana 46307	Indiana Department of Insuran 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204	ce
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:			
2. above hospit	charged from the hosp The amount due for h talization is <u>Five H</u> 4.00 ) Dollans	ospital care, treatment or maintenance during undred Forty-Four	<del>.</del>
3.	To the best of the H	ospital's knowledge, the patient or the patien	nt's
		at the following named individuals and/or the patient's illness or injury causing	
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.			
Statement ar	e tide and tollect.	THE METHODIST HOSPITALS, INC.	
STATE OF INC		(1) BY: <u>Angie Drustich</u>	
COUNTY OF LA	KE ) ss:		
Hospitals, I are true and	inc., being duly sword correct.	, being a <u>Patient Representative</u> for The rn upon oath, says that the facts stated in the constant of the representative for The rn upon oath, says that the facts stated in the constant of the representative for The representati	e Methodist he foregoing
June	, 2007.	fore me, a Notary Public, this 1/9 day of	
My Commissio	on Expires:	Notary Publ	
Octoben	10,2013	A Resident of Lake Count	ÿ.
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 Instrum	nent Prepared By:	Clyde D. Compton, Attorney at Law	
	1	8700 Broadway, Merrillville, IN 46410	1).41.

