STATE OF INDIANA LAKE COUNTY FILED FOR RESORD

2007 080360

2007 OCT -9 AM 9: 59

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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:

John Howard JR

John Howard JR

2837 W 6th Ave

Gary, IN 46404

Recorder of Lake County, Indiana
Lake County Government Center
2293 North Main Street
Crown Point, Indiana 46307

You are hereby notified the

Attorney: Mark Psimos

9219 Broadway

Merrillville, IN 46410

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 August 11, 2007
and was discharged from the hospital on <u>August 15, 2007</u>
The amount due for hospital care, treatment or maintenance during the
above hospitalization is <u>Eighteen Thousand Five Hundred Sixty and 74/100</u>
(\$ 18.560.74) Pollars. (**)
To the best of the Hospital's knowledge, the patient or the patient's
level managentative claims that the following named individuals and/or entitles 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
This Lien is being filed pursuant to the Hospital Lien Law, 1.C. Section 32 33 1 11
the Office of the Recorder of the County in which the Hospital is located, within one
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
Lien as described above and that the lacts and matters set forth in the
statement are true and correct. THE METHODIST HOSPITALS, INC.
(1) BY: Ungie Drukkih
STATE OF INDIANA) Argie Doukich
) ss:
COUNTY OF LAKE
I Angie Djukich , being a Patient Representative for The Methodist
Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing
(2) Ingle by UR VIC
Subscribed and sworn to before me, a Notary Public, this 26 M day of
Subscribed and sworn to before me, a Notary Public, this day of
September, 2007.
My Commission Expires: A Resident of Lake County
march 24, 3011
I affirm, under the penalties for perjury, that I have taken reasonable care to redact
each social security number in this focument, unless required by law.
This Instrument Proposed By: Ch 14292
Clyde D. Compton, Attorney at Law
8700 Broadway, Merrillville, IN 46410