STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2007 080362

2007 OCT -9 AM 9:59

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MICHAEL A. BROWN RECORDER

Return To:

Steve Hunt

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Steve Hunt	
Patient:		orney:
605 Franklin St		
	Michigan City, IN 46360	
Lake County 2293 North Crown Point	Lake County, Indiana Government Center Main Street , 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 <u>September 15, 2007</u> and was discharged from the hospital on <u>September 15, 2007</u> .  2. The amount due for hospital care, treatment or maintenance during the		
above hospitalization is <u>Eleven Thousand Two Hundred Sixty-Nine</u>		
(\$ 11,269.00 ) Dollars Octiment 1S		
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, VI.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		
	(1) BY:	METHODIST HOSPITALS, INC.  Angle Durkich
STATE OF IN	) ss:	Adgie Djakich
I Angle Djukich , 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)  Angle Djukich		
Suprember	ribed and sworn to before me, a Not	ary Public, this 23th day of
My Commissi	on Expires:	Notary Public
march 24	1,2011 A RE	sident 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.		
This Instru	ment Prepared By:	on, Attorney at Law 11-
8700 Broadway, Merrillville, IN 46410		
		Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011