STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2007 080366

2007 OCT -9 AM 9:59

MICHAEL A. BROWN RECORDER

100130105, 200200835

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient: MICHAEL L. MOSLEY

MICHAEL L. MOSLEY

1168 HARRISON STREET GARY IN 46407

Attorney: I. PETER POLANSKY

77 W. WACKER DRIVE, STE. 4025

CHICAGO IL 60601-1635

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:

hospital care, creatment of marneonanes of the above fine in the
1. The patient was admitted to the hospital on July 27, 2007
and was discharged from the hospital on $July 28$, 2007 .
2. The amount due for hospital care, treatment or maintenance during the
above hospitalization is Four Thousand Two Hundred Ninety Six and 00/100
(\$ 4296.00) Dollars. October 15
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
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: Ungue De WRICK
STATE OF INDIANA) Angie Mukich
) ss:
COUNTY OF LAKE)
To a large man and the second
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) Anal AiuRich
Angie Djukich
Subscribed and sworn to before me, a Notary Public, this 3/ day of
(Mixest, 2007.
Martle m. Kleen
My Commission Expires: A Resident of Lake County
august 28, 2014
I affirm, under the penalties for perfury, that I have taken reasonable care to redact
each social security number in this agreement, unless required by law.
This Instrument Prepared By: (k.14292
Clyde D. Compton, Attorney at Law
8700 Broadway, Merrillville, IN 46410

