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Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Lugene Wilson Lugene Wilson 4230 Connecticut St Gary, IN 46409	Attorney:	
Lake County 2293 North I 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:			
and was discharged from the hospital on December 14, 2007 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Sixteen Thousand Three Hundred Ninety-Three and 60/100 (\$\frac{16,393.60}{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 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.			
STATE OF IN) ss:	Apgie Djukich	
I An Hospitals, are true an	ngie Djukich , Inc., being duly sworn w	being a <u>Patient Representative</u> for Thupon oath, says that the facts stated in t (2)	e Methodist he foregoing
Subscribed and sworn to before me, a Notary Public, this 3670 day of 100000000000000000000000000000000000			
My Commissi	on Expires:	Notary Publ A Resident of Lake Count	
177010 ha	24,2011		1
I affirm, under the penalties for projury, that I have taken reasonable care to redact each social security number in this focument, unless required by law.			
This Instru	nment Prepared By:	yde D. Compton, Attorney at Law 00 Broadway, Merrillville, IN 46410	4503 11- Mr

