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MICHAEL A. BROWN RECORDER

#200247134

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN TO: ANDREW L MAPSON ANDREW L MAPSON 2412 W. 61<sup>ST</sup> DI AC Patient: Attorney: 2412 W. 61°T PLACE MERRILLVILLE, IN 46410 Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 311 W. Washington Street 2293 North Main Street Suite 300 Crown Point, Indiana 46307 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 DECEMBER 21, 2007. and was discharged from the hospital on DECEMBER 21, 2007.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is EIGHT HUNDRED NINETY-FIVE 00/100 Tty 01
(\$ 895.00 ) Dollars. (\$ 895.00 ) Dollars.

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 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 parallels of parity and the Hospital intended to held the Marriage. 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 THE METHODIST HOSPITALS, INC. STATE OF INDIANA SS: COUNTY OF LAKE I MELISSA VASQUEZ , being a <u>Patient Representative</u> for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing (2)MELISS Subscribed and sworn to before me, a Nota \_, 2008. My Commission Expires: Notary Public A Resident of march 24, 2011 \_\_\_\_ County I affirm, under the penalties for I have taken reasonable care to redact each social security number in this in less required by law.

> Compton, Attorney at Law roadway, Merrillville, IN 46410

> > Official Seal LISA STONE Resident of Lake County, IN SEAL My commission expires March 24, 2011

KW

OK 14586

This Instrument Prepared By: