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MACHA EL AL BROWN MECORDER

#200310987

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

WILLIAM JOINER

Patient:

WILLIAM JOINER

5116 VERMONT STREET

GARY, IN 46409

Attorney: POLANSKY CICHON & BATEY

180 N STETSON AVE

CHICAGO, IL 60601

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

311 W. Washington Street Suite 300

Indianapolis, Indiana 46204

Indiana Department of Insurance

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 JULY 12, 2008. and was discharged from the hospital on JULY 13, 2008.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is FOUR THOUSAND TWO HUNDRED SIXTY-FIVE 00/100

(\$ 4,265.00 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 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 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 are true and correct.

(2)

ribed and sworn to before me, a Notal

Public County

At. 2008.

under the penalties for each social security number in this

Mave taken reasonable care to redact required by law.

This Instrument Prepared By:

Compton, Attorney at Law

adway, Merrillville, IN 46410

Official Seal ANNETTE M. PEREZ
Residen: "Lake County, IN
My commission expires
August 28, 2014

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