STATE OF INDIANA LAKE OLUNTY FILED FOR PECOND

2009 AUG 28 AD 10:53

MICHAEL A. BROWN RECORDER

200318216

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2008 061099

Return To:

Hodges & 'Davis, P.C.

8700 Broadway, Merrillville, .IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

| TO: | Matthew McLaurin | | | |
|---|--|--|---|---|
| Patient: | Matthew McLaurin | Attorney: | | |
| | 1133 Van Buren St | | > | |
| | Gary, IN 46407 | | | - |
| | Lake County, Indiana Government Center | | ana Department of Insura W. Washington Street | ance |
| 2293 North | | Suite | - | |
| | , Indiana 46307 | | anapolis, 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 August 04, 2008 and was discharged from the hospital on August 04, 2008. | | | | |
| 2. | | | ent or maintenance during | ng the |
| above hospi (\$ 2, 3. legal repre | talization is <u>Two Thou</u> | sand Two Hundred Ei oital's knowledge, the following nam | the patient or the patied individuals and/or | ient's r entities are |
| the Office hundred and undersigned the penalti Lien as de | Lien is being filed pur of the Recorder of the eighty (180) days aft individual executing t es of perjury, hereby scribed above and tha re true and correct. | er the patient was his instrument, has states that the Hot the facts and | the Hospital is locates discharged from the ving been duly sworn up ospital intends to hole | ed, within one Hospital. The oon oath, under d the Hospital |
| | | | | |
| STATE OF IN | DIANA) ss: | (1) BY: | Angle Djukich | |
| COUNTY OF L | AKE) | | | |
| TΔ | ngie Djukich , | haina a Patient | Representative for | The Mothodist |
| | Inc., being duly sworn | | | |
| Subsc: | ribed and sworn to before, 2008. | | | of |
| My Commission | on Expires: | E & SEAL of | Notary Pu | blic |
| march | 24,2011 | A Resident | of Lake Cou | inty |
| | under the penalties for security number in this | | have taken reasonable or required by law. | care to redact |
| This Instrur | nent Prepared By: | yde D Compton, Att | orney at Law lville, IN 46410 | Chiv952 #11- RBE |
| | | | Official Seal LISA STONE Resident of Lake My commission of March 24, 2011 | |