STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2008 063160

2008 SEP -9 AM 9:31

MICHAEL A. BROWN RECORDER

#100211566

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: MARVIN ESKEW Patient: MARVIN ESKEW Attorney: 4125 E 12TH PLACE GARY, IN 46403 Recorder of Lake County, Indiana Indiana Department of Insurance 311 W. Washington Street Lake County Government Center 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 AUGU.ST 14, 2008. and was discharged from the hospital on AUGUST 14, 2008 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is NINE HUNDRED FIFTEEN 00/100 OPERTY OF (\$ 915.00) Dollars. The Lake County Recorder 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 stave. 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 statement are true and correct. THE METHODIST HOSPITALS, INC. STATE OF INDIANA COUNTY OF LAKE I MELISSA VASQUEZ , being a <u>Patient</u> Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) Subscribed and sworn to before me, a Notary Public, this 10 ptembet, 2008. My Commission Expires: Notary Public A Resident ___ County March 24, 2011 I affirm, under the penalties for I/ $m{h}$ ave taken reasonable care to redact each social security number in thes less required by law. <u>CK14918</u> Compton, Attorney at Law This Instrument Prepared By:

Broadway, Merrillville, IN 46410

Official Seal LISA STONE

Resident of Lake County, IN My commission expires March 24, 2011