STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2008 063161

2008 SEP -9 AM 9: 31

MICHAEL A. BROWN RECORDER

#100211459

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

	DOLORES EASLEY DOLORES EASLEY 3557 W 48 <sup>th</sup> CT	Attorney:
	GARY, IN 46408	

Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street 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:

1. The patient was admitted to the hospital on AUGUST 13, 2008.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is ELEVEN THOUSAND NINE HUNDRED FORTY/FIVE 00/100

(\$ 11,945.00 ) Dollars.

(\$\frac{11,945.00}{3}\$. To the best of the Mospital'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 parallies of parity and the Hospital intends to held the Wasnital 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 Notary

eptember, 2008.

March 24 2011

My Commission Expires:

Kiss Stone A Resident of

Notary Public County

I affirm, under the penalties for each social security number in thes

I have taken reasonable care to redact hat nent less required by law.

This Instrument Prepared By:

Compton, Attorney at Law adway, Merrillville, IN 46410 M4949

