UTATE OF HERANA LANE COUNTY FILED FOR RECORD

2008 065259

2000 SEP 17 AN 10: 06

MICHAEL A. BROWN RECORDER

100201369



Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

Loren B. Crackett

Patient:

Loren B. Crockett 4914 Ohio St

Gary, IN 46409

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

Attorney: Patrick Young

4231 Broadway Gary, IN 46409

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 June 25, and was discharged from the hospital on June 25, 2008 .

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One Thousand Three Hundred Twenty-Nine

(\$\frac{1}{329.00}\$) 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 stay: stay:

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. Ungu Djukich
Appie Djukich

STATE OF INDIANA

SS:

COUNTY OF LAKE

I Angie Djukich 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)

ingue Angije Djukj

Subscribed and sworn to before me, a Notary Public,

eptember, 2008.

My Commission Expires:

A Resident of

Notary Public ___ County

march 24, 2011

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

I have taken reasonable care to redact ess required by law. CK14988

This Instrument Prepared By:

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

Official Seal

LISA STONE Resident of Lake County, IN My commission expires
March 2: 2011