STATE OF PICLAH!

LAKE COUNTY
FILEO FOR RECONS

2008 065970

2008 SEP 19 ARTH: 08

200316086

MICHAEL A. BROWN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Linda Purkett

Linda Purkett Patient:

17319 Lowell Ave Hazel Crest, IL 60429

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

Attorney: Michael Valentine

5320 W 159th St #501 Oak Forest, IL 60452

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 hospit and was discharged from the hospital on July 29, 2008

2. The amount due for hospital care, treatment or maintenance during the hospitalization is Seven Hundred Thirty-One above hospitalization is

731.00 Dollars. 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

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.

ingu Djulich

Lake

STATE OF INDIANA

COUNTY OF LAKE

being a <u>Patient Representative</u> for The Methodist I Angie Djukich Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. ingue Djurich

Angie Djukic Subscribed and sworn to before me, a Notary Public, day of this

(2)

Deptember, 2008.

My Commission Expires:

Thing Steno

Notary Public __ County

March 24,2011

I affirm, under the penalties for

each social security number in thi

This Instrument Prepared By:

A Resident of

have taken reasonable care to redact required by law.

Compton, Attorney at Law dway, Merrillville, IN 46410

