STATE OF HIDEART. LAKE COURTY FILED FOR RECORD

2008 078022

2000 NOY 14 PH 1: 24

MICANEL AL GROWN FECORDER

100226376

Return To:

Jamarr Nathaniel Byrd

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient: Jamarr Nathaniel Boyd Attorney:
Gary, IN 46403
Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 311 W. Washington Street
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 October 22, 2008 and was discharged from the hospital on October 23, 2008 .
2. The amount due for hospital care, treatment or maintenance during the
above hospitalization is Three Thousand Three Hundred Ninety-Two
(\$ 3,392.00 ) Dollars. (Cultical Control Contr
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
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.
STATE OF INDIANA ) BY: (MYC - DJUK Ch
COUNTY OF LAKE
I Angie Djukich , being a Patient Representative for The Methodist
I Angle 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) Angle Djukich
Subscribed and sworn to before me, a Notary Public, this way of
1 lovember, 2008.
My Commission Expires: Notary Public
Mach 34, 2011  A Resident of Lake County
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.
This Instrument Prepared By:   WE 15097
Llyde D. Compton, Attorney at Law //-
8700 Arbadway, Merrillville, IN 46410
Official Seal
LISA STONE
Resident of Lake County, IN My commission expires March 24, 2011