STATE OF MOTANA LAKE COUNTY FRED FOR RECORD

2008 078751

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MICHAEL A. BROWN RECORDER

#200332014

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: ANTHONY PARINI Patient: ANTHONY PARINI Attorney: 1255 W 97TH PL CROWN POINT, IN 46307

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 SEPTEMBER 18, 2008.

and was discharged from the hospital on SEPTEMBER 18, 2008.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is FIGHT HUNDRED NINETY 00/100

(\$\frac{890.00}{}\$

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 stav:

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

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) MELIS

Subscribed and sworn to before me, a Notal

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

This Instrument Prepared By:

A Resident

have taken reasonable care to redact ss required by law.

ary Public

CK 15106

County

Ayde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410

Official Seal ANNETTE M. PEREZ
Resident of Lake County, IN
My commission expires
August 28, 2014