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Account #V23396, V18336

TO:

AARON JOHNS

MICHAEL A. BROWN RECORDER

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	AARON JOHNS	Attorney:
	350 SOUTH HOWARD STREET	
	GARY, IN 46403	
Recorder o	f Lake County, Indiana	Indiana Department of Insurance
	y Government Center	311 W. Washington Street Suite 300
	Main Street	Indianapolis, Indiana 46204
Crown Poin	t, Indiana 46307	Indianaports, indiana 1020:
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 MARCH 9, 2009
and was di	scharged from the hospital on	MARCH 16, 2009 .
2. The amount due for hospital care, treatment or maintenance during the		
above hospitalization is TWO THOUSAND SEVEN HUNDRED SIX and NO/100 (\$ 2,706.00) Dollars.		
(\$ 2,706.00) 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 entitles are liable for damages arising from the patient's illness or injury causing the hospital		
stay:	This Docume	ent is the property of
This	Lien is being filed pursuant	to the Hospital Lien Law, I.C. Section 32-33-4 in
the Office	e of the Recorder of the Cour	nty in which the Hospital is located, within one
L	ad alahtu (180) days after the	e pattent was discharged from the hospital.
undersigne	ed individual executing this in	estrument, having been duly sworn upon oath, under state the Hospital intends to hold the Hospital
the penalt	ties of perjury, hereby states	facts and matters set forth in the foregoing
statement	are true and correct.	
		THE METHODIST HOSPITALS, INC.
	(1)	BY: Melissa Vasques
STATE OF I	INDIANA) ss:	MELISSA VASQUEZ
COUNTY OF		The Methodist
I MELI	ISSA VASQUEZ , be	ing a <u>Patient Representative</u> for The Methodist oath, says that the facts stated in the foregoing
Hospitals,	and correct.	Oath, says that the facts season in the
are true a	and correct.	
	(2)	Helessa Vasques
	E .	MELISSA/VASQUEZ 2 ()
/ / Subs	scr#bed and sworn to before me,	a Notary Public, this 3 day of
1/14	<u>((</u> , 2009.	Notary Public
My Commiss	sion Expires:	A Resident of Sally County
Alliga	Wit 78, 70/4	
I affirm,	under the penalties for the	ury that I have taken reasonable care to redact
each socia	al security number in this docu	
This Inst	rument Prepared By:	Ck 15399
	Clyde D 8700 Bro	Compton, Attorney at Law //- padway, Merrillville, IN 46410
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		ANNETT M. PEREZ RESEAL My compassion expires August 28, 2014
		A CONTRACTOR OF THE SECTION OF THE S