## 2009 024118



2009 AF X 15 AN IO: 04

MICHAEL A. BROWN RECORDER

#V13530

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

TO: Patient:	JUDITH B LOWE JUDITH B LOWE	Attorney:
	104 E 53 <sup>RD</sup> AVE APT 337 MERRILLVILLE, IN 46410	
Lake County 2293 North	f Lake County, Indiana y Government Center Main Street t, 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 MARCH 11, 2009. and was discharged from the hospital on MARCH 11, 2009.		
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is TWO THOUSAND ONE HUNDRED SIXTY-SEVEN 00/100		
(\$ 2,167.00 ) 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		
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:		
This	Lien is being filed pursuant t	o the Hospital Lien Law, VI.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 d	escribed above and that the are true and correct.	facts and matters set forth in the foregoing
		THE METHODIST HOSPITALS, INC.
STATE OF I	NDIANA ) (1)	BY: A VALUE VALLE
COUNTY OF I	LAKE )	
Hospitals,	Inc., being duly sworn upon or	ng a <u>Patient Representative</u> for The Methodist ath, says that the facts stated in the foregoing
are true ar	nd correct.	07 18000 1/212000
Sybso	(2) Aribed and sworn to before me,	MELISSA VASQUEZ  a Notaty Public, this day of
apu	<u>(</u> , 2009.	JANITUM PURIN
My Commiss:	ion Expires:	A Resident of Mul County
I affirm, under the penalties for parjury, that I have taken reasonable care to redact each social security number in this socument unless required by law.		
This Instru	ument Prepared By:	Compton, Attorney at Law
	Ølyde D	Compton, Attorney at Law dway, Merrillville, IN 46410
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