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MICHAEL A DROWN RECORDER

#200373835

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient: RALPH DUENAS

RALPH DUENAS

4800 ADAMS STREET

GARY, IN 46408

Attorney: Spangler, Jennings & Dougherty

8396 Mississippi St. Fl.1 Merrillville, IN 46410

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:

The patient was admitted to the hospital on FEBRUARY 3, 2009. and was discharged from the hospital on FEBRUARY 17 , 2009.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is TWO THOUSAND TWO HUNDRED FORTY 00/100) 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 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

THE METHODIST HOSPITALS, INC.

STATE OF INDIANA

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

bed and sworn to before me, a Notar <u>1/1</u>, 2009.

My/Commission Expires:

I affirm, under the penalties for

I have taken reasonable care to redact un $m{I}$ ess required by law.

This Instrument Prepared By:

each social security number in thes

yde Compton, Attorney at Law adway, Merrillville, IN 46410

Public County

M PEREZ Residence Cake County, IN My commission expires August 28, 2014