THATE OF MOIANA LAKE COUNTY FILED FOR RECORD

2009 033126

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MICHAEL A. BROWN RECORDER

#V39434

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

ZUBDIEL ESCOBEDO Patient: ZUBDIEL ESCOBEDO Attorney: 2700 SCHRAGE AVE WHITING, IN 46394

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 APRIL 12, 2009.

1. The patient was admitted to the hospital on APRIL 12, 2009.

and was discharged from the hospital on APRIL 14, 2009.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is SIXTEEN THOUSAND SIX HUNDRED NINETY-FOUR 00/100

(\$ 16,694.00) Dollars.

3. To the best of the Hospital's knowledge, the patient or the patient's representative claims that the following named individuals and/or onti

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

) 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) MELISSA

bscribed and sworn to before me, a Notary Public, thi

Aommission Expires:

I affirm, under the penalties for each social security number in th $m{\ell}$ s

This Instrument Prepared By:

Notary Public ___ County

have taken reasonable care to redact unless required by law.

Compton, Attorney at Law Broadway, Merrillville, IN 46410

Official Seal