STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2009 079970

2009 DEC -2 PM 1:15

MICHAEL A. BR**OWN** RECORDER

100285886, 200431411

Mellissa Butler

Patient: Mellissa Butler

TO:

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

1537 Carolina St Gary, IN 46407	· · · · · · · · · · · · · · · · · · ·
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:	
and was discharged from the hospital 2. The amount due for hospit above hospitalization is Four Thous	al care, treatment or maintenance during the sand Two Hundred Fifty Six
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 stay:	
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 statement are true and correct.	
statement are true and torrect.	THE METHODIST HOSPITALS, INC.
STATE OF INDIANA)) ss: COUNTY OF LAKE)	Angle Djulich
The state of the s	eing a <u>Patient Representative</u> for The Methodist on oath, says that the facts stated in the foregoing
Subscribed and sworn to before 2009.	me, a Notary Public, this 24th day of
My Commission Expires:	Notary Public
March 24,2011	A Resident of Lake County
I affirm, under the penalties for peach social security number in this	erjury, that I have taken reasonable care to redact document, unless required by law.
	CK 15864 F. Hites, Attorney at Law Broadway, Merrillville, IN 46410 AO
	Official Seal