STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

## 2010 002451

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#200428217

CAROUN L POLLARD ACTING RECORDER

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

TO: Patient:	SOPHIA CUEVAS	Attorney:
	GARY, IN 46408	
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 OCTOBER 24, 2009.		
and was discharged from the hospital on OCTOBER 24, 2009.  2. The amount due for hospital care, treatment or maintenance during the above hospitalization is FIVE HUNDREDE FORTY 60/1000 perty of		
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.		
STATE OF I	) ss:	THE METHODIST HOSPITALS, INC.  BY MELISSA VASQUEZ
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 are true and correct.		
My Commiss		MELISSA VASQUEZ a Notary Public, this 300 day of  Swoo Storw  A Resident of Salw Notary Public  County

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. 200

This Instrument Prepared By:

Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410

Official Seal LISA STONE