STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MICHELLE BLEAUMAN RECORDER

100296058

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Crystal J Collins TO:

Patient: Bradley Mayo

7257 DeKalb St

Merrillville, IN 46410

Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street

Crown Point, Indiana 46307

Attorney: David W. Holub

8913 Broadway

Merrillville, IN 46410

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 January 03, and was discharged from the hospital on January 03, 2010.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is <u>Eight Hundred Three</u>
(\$ 803.00) 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 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.

THE METHODIST HOSPITALS, INC. ngu Djuk Wh Angie Djukich

STATE OF INDIANA

SS:

COUNTY OF LAKE

Angie Djukich 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.

Subscribed and sworn to before me, a Notary Public

(2)

bruary, 2010.

My Commission Expires:

March 24,2011

Notary Public

A Resident of _ Lake

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.

This Instrument Prepared By:

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

> Official Seal LISA STONE Resident of Lake County IN My commission expire:

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