STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

## 2010 011735

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MICHELLE H. FAJMAN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Jermaine Ballenger
Patient: Jermaine Ballenger

8197 Alpine Ln #L424 Crown Point, IN 46307

Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307 Attorney: Kelly Law Offices

5521 W. Lincoln Hwy Ste 101

Crown Point, IN 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 February 09, 2010 and was discharged from the hospital on February 09, 2010.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is \_\_Five Thousand Three Hundred Sixty-Five and 03/100 (\$ 5,365.03 ) Dollars:

3. To the best of the Hospital's knowledge, the patient or the patient's

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.

BY: HODIST HOSPITALS, INC.

By: Gie Dukich

STATE OF INDIANA

ss:

COUNTY OF LAKE

I Angie Djukich , being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

(2) Lingue Dyur Ch Angie Djykich Subscribed and sworn to before me, a Notary Public, this day of

tébruciu, 2010.

My Commission Expires:

March 24,2011

Suin Store

Notary Public

A Resident of Lake 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.

This Instrument Prepared By:

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

Otheran Hall
LIST STONE
Resident of Lake County IN
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