JIA/E OF INDIANA LAKE COUNTY FILED FOR RECORD

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2010 MAR 16 PM 1: 16

 $\neg$  AJMAN RECORDER

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Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

TO:

LOU E. FORD

LOU E. FORD Patient:

336 S. HAMILTON ST. GARY, IN 46403

Recorder of Lake County, Indiana Lake County Government Center

2293 North Main Street Crown Point, Indiana 46307 Attorney:

Darnail Lyles

5528 Melton Rd. Gary, IN 46403

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 Dec. 19, 2009 and was discharged from the hospital on Dec. 19, 2009

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is one thousand thirty three & 00/100 (\$ 1,033.00 ) Dollars are County Recorder.

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.

STATE OF INDIANA

SS:

COUNTY OF LAKE

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

(2)

MAID

cribed and sworn to before me, a Notary Public, UU 2010.

A Resident of

day of

Public

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 ANNETTE M. PEREZ Resident of Lake County, IN My commission expires August 28, 2014

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