## 2010 014041

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 MAR 16 PM 1: 16

MANUACI RECORDER

#200436925, 200438144

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

STEVE R ALTOMERE

Patient:

STEVE R ALTOMERE

9509 CROWN COMMONS DR

CROWN POINT, IN 46307

Recorder of Lake County, Indiana Lake County Government Center

2293 North Main Street Crown Point, Indiana 46307 Attorney: DALE ALLEN LAW OFFICES

701 E Lincolnway

Valparaiso, IN 46383

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 NOVEMBER 19, 2009.

and was discharged from the hospital on DECEMBER 18, 2009.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is TWO THOUSAND TWENTY-ONE 00/100

2,021.00 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

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.

VASOUEZ

STATE OF INDIANA

SS:

COUNTY OF LAKE

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.

I MELISSA VASQUEZ

(2)

MELISA

Subscribed and sworn to before me, a Notary

ommission Expires:

A Resident of

Public County

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

This Instrument Prepared By:

Earle F. Hites, Attorney at Law

8700 Broadway, Merrillville, IN 46410

Thoral Seal ANNETTE M. PEREZ Reside Lake County, IN My connission expires SEAL August 28, 2014

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