

## 2010 KAR 17 PM 1: 18

MICHELLE TO SUIMAN RECORDER

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Hodges & D

2010 015440

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

| ro:   | Ronald Gordon                            |   |   |  |
|---|--|---|---|--|
| Patient:  | Ronald Gordon                            | Attorney:   |   |  |
| 200 W 53rd Pl   |  |   |   |  |
|   | Merrillville, IN                         | Merrillville, IN 46410  |   |  |
|   |  | <del></del>   |   |  |
|   | Lake County, Indian                      |   |   |  |
|   | Government Center                        | 311 W. Washingto  | n Street                                  |  |
|   | Main Street                              | Suite 300   |   |  |
| Crown Point   | , Indiana 46307                          | Indianapolis, In  | diana 46204                               |  |
| IN 46402, i   | intends to hold a Hore, treatment or max | hat THE METHODIST HOSPITALS, INC. spital Lien for all reasonable attended the above listed pati | and necessary charges for ent as follows: |  |
| 1.  |  | tted to the hospital on February  | 14,2010                                   |  |
| and was disc  |  | oital on <u>February 14</u> , <u>2010</u>   |   |  |
| 2.  |  | ospital care, streatment or maint   |   |  |
| above hospi   | talization is <u>Three</u>               | Thousand Three Hundred Forty-Fou  | r   |  |
|   |  | e Lake County Recorder!   |   |  |
| 3.  |  | Mospital's knowledge, the patient   |   |  |
|   |  | at the following named individ  |   |  |
|   | damages arising from                     | m the patient's illness or in   | jury causing the hospital                 |  |
| stay:   |  |   |   |  |
| This :  | Lien is being filed                      | pursuant to the Hospital Lien Law   | N, I.C. Section 32-33-4 in                |  |
|   |  | the County in which the Hospita   |   |  |
|   |  | after the patient was discharged  |   |  |
| 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.   |  |   |   |  |
|   |  |   | Oinh                                      |  |
|   | D.T                                      |   | just who                                  |  |
| STATE OF IN   |  | Angie Do  | ukich                                     |  |
| COUNTY OF LAKE  |  |   |   |  |
| JOONII OF LA  | ARE )                                    |   |   |  |
| I Aı  | ngie Djukich                             | , being a Patient Representa  | ative for The Methodist                   |  |
|   |  | rn upon oath, says that the fact  |   |  |
| are true and correct  |  |   |   |  |
|   |  | (2) Unque DIL   | Auch                                      |  |
|   |  | (2) (ngu Dju<br>Angie Douk  | ich,                                      |  |
| Subsci  | ribed and sworn to b                     | efore me, a Notary Public, this   | day of                                    |  |
| 12/4/1067   | , 2010.                                  | Liza Stone  |   |  |
| My Commission   | on Euripea.                              | _/) 6, 39 SFORE   | Note: D.1.1                               |  |
| Ty COMMITSSIC   | on expires:                              | A Resident of Lake  | Notary Public<br>County                   |  |
| Muchzy  | 1, 2011                                  | n Resident ofBake   | country                                   |  |
| I affirm, u<br>each social  | nder the penalties security number in    | for perjury, that I have taken this documer, unless required by                                 | law.                                      |  |
| This Instrum  | ment Prepared By:                        | 1 -22   | Uk 16084                                  |  |
|   |  | Earle F. Hites, Attorney at Law   | /(  |  |
|   |  | 8700 Broadway, Merrillville, IN   | 46410                                     |  |
|   |  |   | KW.                                       |  |
|   |  |   |   |  |
|   |  | <u></u>   | Official Seal                             |  |

