

2010 015443

2010 Måk 17 PM 1: 18

MICHELL WIMAN RECORDER

Acct#200459603

TO: James Black

Return To:

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

| 2293 North Main Street Crown Point, Indiana 46307 You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Str IN 46402, intends to hold a Hospital Lien for all reasonable and necessary chospital care, treatment or maintenance of the above listed patient as follows: 1. The patient was admitted to the hospital on January 31, 2010 and was discharged from the hospital on February 01, 2010 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Ten thousand six hundred fifty one dollars and 61/100 (\$ 10,651.61) Dollars Recounty Recorder 3. To the best of the Hospital's knowledge, the patient or the patient' | |
|---|--|
| Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307 You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Str IN 46402, intends to hold a Hospital Lien for all reasonable and necessary chospital care, treatment or maintenance of the above listed patient as follows: 1. The patient was admitted to the hospital on January 31, 2010 and was discharged from the hospital on February 01, 2010 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Ten thousand six hundred fifty one dollars and 61/100 (\$\frac{10,651.61}{3}\$. To the best of the Hospital's knowledge, the patient or the patient' | |
| Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307 You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Str IN 46402, intends to hold a Hospital Lien for all reasonable and necessary chospital care, treatment or maintenance of the above listed patient as follows: 1. The patient was admitted to the hospital on January 31, 2010 and was discharged from the hospital on February 01, 2010 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Ten thousand six hundred fifty one dollars and 61/100 (\$\frac{10,651.61}{3}\$. To the best of the Hospital's knowledge, the patient or the patient' | |
| IN 46402, intends to hold a Hospital Lien for all reasonable and necessary c hospital care, treatment or maintenance of the above listed patient as follows: 1. The patient was admitted to the hospital on January 31, 2010 and was discharged from the hospital on February 01, 2010 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Ten thousand six hundred fifty one dollars and 61/100 (\$ 10,651.61) Dollars Re Output Recorder 3. To the best of the Hospital's knowledge, the patient or the patient's | |
| and was discharged from the hospital on February 01, 2010 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Ten thousand six hundred fifty one dollars and 61/100 (\$ 10,651.61) Dollars ke County Recorder 3. To the best of the Hospital's knowledge, the patient or the patient' | _ |
| | |
| legal representative claims that the following named individuals and/or entliable for damages arising from the patient's illness or injury causing the stay: | |
| This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section the Office of the Recorder of the County in which the Hospital is located, when the hospital and eighty (180) days after the patient was discharged from the Hospital undersigned individual executing this instrument, having been duly sworn upon of the penalties of perjury, hereby states that the Hospital intends to hold the Lien as described above and that the facts and matters set forth in the statement are true and correct. THE METHODIST HOSPITALS, INC. THE METHODIST HOSPITALS, INC. Milica Trosper | within one ital. The ath, under e Hospital |
| COUNTY OF LAKE I Milica Trosper , being a Patient Representative for The | Methodist |
| Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the are true and correct. (2) Milica Trosper | |
| Subscribed and sworn to before me, a Notary Public, this 36 day of Stoice My Commission Expires: A Resident of Sche County | _ |
| I affirm, under the penalties for perjury that I have taken reasonable care 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 | 16084 11- |