STATE OF INDIANA .AKE COUNTY FILED FOR RECORD

## 2010 015752

2010 MAR 18 PM 1: 15

MICHELLE B

#100298636

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: JOEL WALTERS Patient: JOEL WALTERS 1300 WHITCOMB STREET

GARY, IN 46404

Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307

Attorney:

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:

The patient was admitted to the hospital on JANUARY 18, 2010.

and was discharged from the hospital on JANUARY 29, 2010.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is EIGHT HUNDRED FOURTEEN 00/100 (\$ 814.00 ) 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 Rillness 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

STATE OF INDIANA

COUNTY OF LAKE

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

(2)

MELISSA VASOUEZ

scribed and sworn to before me, a Notary Public, WCD, 2010.

SS:

Commission Expires:

A Resident of

County

under the penalties for perjury, that I have taken reasonable care to redact I affirm, 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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