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MICH. RECORDER

Account # 200525249, 200526353

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:

Sharon M Shamel
Sharon M Shamel
7139 FOREST AVENUE
GARY, IN 46403

Attorney: GEORGE PATRICK

706 MERRILLVILLE RD CROWN POINT, IN 46307

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

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 August 10, 2010 and was discharged from the hospital on August 13, 2010

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is ONE THOUSAND ONE HUNDRED THIRTY FIVE 00/100

(\$ 1,135.00) 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 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.

(1) BY: Sandra S. Holland

SANDRA HOLLAND

OUNTY OF LAKE

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

(2) Sandra Holland

Subscribed and sworn to before me, a Notary Public, this β day

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C, 2010.

My Commission Expires:

A Resident of County

l affirm, under the penalties for perjuzy, 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

AMOUNT \$ CHARGE
CASH CHECK # 16742
OVERAGE
COPY
NON-COM AS

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

188941

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