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RECORDER

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Bettye J Bonds

Patient: Bettye J Bonds   **Attorney:** _____

1080 Jefferson Ct

Gary, IN 46402

Recorder of Lake County, Indiana   Indiana Department of Insurance
Lake County Government Center   311 W. Washington Street
2293 North Main Street   Suite 300
Crown Point, Indiana 46307   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 December 17, 2010 and was discharged from the hospital on December 17, 2010.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Two Thousand One Hundred ($ 2,100.00) 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: _Angie Djukich_
            Angie Djukich

STATE OF INDIANA   )
) ss:
COUNTY OF LAKE   )

I Angie Djukich , 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.

Angie Djukich
Angie Djukich

Subscribed and sworn to before me, a Notary Public, this 26th day of January , 2011.

My Commission Expires: _Lisa Stone_
March 24, 2011   Notary Public
     A Resident of Lake County

I affirm, under the penalties for perjury, 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 $ 11-
CASH_____ CHARGE
CHECK # 11826
OVERAGE_____
COPY_____
NON-COM_____
CLERK_____

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