STATE OF INDIANA LAME COUNTY FILED FOR RECORD

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MIO JAMAN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN
TO: John Hamilton  Patient: John Hamilton  John Hamilton  Attorney:  Gary, IN 46404
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 <u>December 14</u> , <u>2010</u> and was discharged from the hospital on <u>December 14</u> , <u>2010</u> .  2. The amount due for hospital care, treatment or maintenance during the above hospitalization is <u>One Thousand Nine Hundred Twenty-Three</u> (\$\frac{1,923.00}{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, T.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 ) ss:
COUNTY OF LAKE  I Angle 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.  (2)  Angle Djukich
Subscribed and sworn to before me, a Notary Public, this day of
My Commission Expires:  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 \$ CASHCHARGE CHECK # 0.5 0 0 OVERAGE COPYNON-COMCLERK

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