STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

Indianapolis, Indiana 46204

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Brandi Shotwell
Brandi Shotwell TO: Patient: Attorney: Ronald F. Layer 2931 W 19th Pl 1160 Joliet St #201 Gary, IN 46404 Dyer, IN 46311 Indiana Department of Insurance Recorder of Lake County, Indiana 311 W. Washington Street Lake County Government Center 2293 North Main Street Suite 300

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 January 29, 2011

and was discharged from the hospital on January 29, 2011.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One Thousand Four Hundred Sixteen and 25/100

(\$ 1,416.25) 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

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. Angie Djukijch

STATE OF INDIANA

COUNTY OF LAKE

Crown Point, Indiana 46307

I Angie Djukich , being a <u>Patient Representative</u> for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

(2) Unge by Wh. Angle Ojukich
Subscribed and sworn to before me, a Notary Public, this 215 da <u>17 βααίος</u>, 2011.

My Commission Expires:

Notary Public A Resident of Lake 11 Kir 15 24, 2611

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

This Instrument Prepared By:

Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410

AMOUNT \$ CASH-CHECK # **OVERAGE** COPY-NON-COM-CLERK_

