STATE OF THOTAHA LAKE COUNTY FILED FOR RECORD

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Hodges & Davis, P.C.

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

SWORM STATEMENT & NOTICE OF INTENTION TO HOLD ROSPITAL LIEN
TO: Eden R Dabu-Pangilinan Patient: Eden R Dabu-Pangilinan 8726 Monroe St Merrillville, IN 46410
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 February 03, 2011 and was discharged from the hospital on February 03, 2011. 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One Thousand Five Hundred Fifty-Fight (\$ 1,558.00) 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.
STATE OF INDIANA) ss: COUNTY OF LAKE THE METHODIST HOSPITALS, INC. Angie Djukich Angie Djukich
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. (2) Angie Djukich Angie Djukich
Antie Dinkich Subscribed and sworn to before me, a Notary Public, this 1.7777 day of Philaly, 2011. My Commission Expires: 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 \$

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NON-COM___ CLERK ---