STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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FAJMAN

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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:

VALERIE HOPKINS

Patient:

VALERIE HOPKINS

1123 W. 52ND DR. # F 124 MERRILLVILLE, IN 46410

Attorney: Bryan K. Bullock

7863 Broadway Ste 222 Merrillville, IN 46410

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 January 03, 2011 and was discharged from the hospital on January 03, 2011.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Seven hundred thirty one & 00/100 731.00

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 peraltics of parity and the county of the co 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

COUNTY OF LAKE

I DIAN HALL 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)

DIAN HALL

Z

Subscribed and sworn to before me, a Notary Public, day of Wich, 2011.

ommission Expires:

Public A Resident of County

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 CASH CHECK # OVERAGE COPY-NON-COM CLERK.

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

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