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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:

Mile Djuric

Patient:

9012 Matthews St

Crown Point, IN 46307

Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307

Attorney: Terrence M. Rubino

275 Joliet St. #330 Dyer, IN 46311

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 a

1. The patient was admitted to the hospital on February 11, listed patient as follows:

and was discharged from the hospital on February 14, 2011.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Eleven Thousand Four Hundred Eighty-Three (\$ 11,483.00) Dollars.

(\$\frac{11,483.00}{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

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. Ungel Afterior Angje Djukich STATE OF INDIANA COUNTY OF LAKE

Patient Representative for The Methodist Angie Djukich being а Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

ngu gurich (2) Subscribed and sworn to before me, a Notary Public, this day of

My Commission Expires:

No ary Public A Resident of Lake

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 \$. CHARGE CASH _ CHECK # OVERAGE. COPY_ NON-COM CLERK_

