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Account # 100386836

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

TO:

KIMBERLY ROBINSON

Patient:

CHRISTION ROBINSON

GARY, IN 46407

Recorder of Take 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 hos and was discharged from the hospital on wards.

2. The amount due for hospital care, to

above hospitalization is Tribully NEED wie Wat is the option of maintenance curing the (\$\_\_\_965.00\_\_\_\_) Dollars

(\$ 965.00 ) Dollars.

3. To the best of the Hospitale'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 lieb haw, i.e. Section 3,-33-4 in the Office of the Recorder of the County in which the Hospital is idealed, 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 eath, under the penalties of perjury, hereby states that the Hospital intends to hold the Hospital statement are true and correct.

THE METHODIST HOSPITALS, INC. W: Sandra Holland

STATE OF INDIANA

COUNTY OF LAKE

I SANDRA HOLLAND, being a Patient Representative for The Methodist Rospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and

Sandra Holland (2)

SANDRA HOLLAND Subsolibed and sworm to before me, a Notary Public, ULL , 2011.

Ammission Expires:

Notary Public County

A Resident of

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.

Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, 1N 46410

**AMOUNT \$** CHARGE. CASH\_\_\_ CHECK# **OVERAGE** COPY\_

NON-COM. CLERK\_

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