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200643159

TO:

Return To:

Homer Gilmore

Hodges & Davis, P.C.

He was the

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Homer Gilmore	Attorney:	
	4616 Arthur St	<u> </u>	
	Gary, IN 46408		
			
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	Crown Point, Indiana 46307 Indianapolis, Indiana 46204		
IN 46402,	intends to hold a Hospi	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, tal Lien for all reasonable and necessary charges for ance of the above listed patient as follows:	
1. and was dis	scharged from the hospita	ed to the hospital on July 08, 2011	
2. The amount due for hospital care, treatment or maintenance during the			
above hospitalization is <u>Two Thousand Two Hundred Eighty-Four</u> (\$ 2,284.00) Dollars.			
3.	To the best of the Hosp	pital's knowledge, the patient or the patient's	
legal repre	esentative claims that	the following named individuals and/or entities are	
liable for	damages arising from t	he patient's illness or injury causing the hospital	
stay:			
This	Lien is being filed pur	suant 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	d eighty (180) days aft	er the patient was discharged from the Hospital. The	
undersigned	d individual executing the	nis instrument, having been duly sworn upon oath, under	
the benard	ies 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 a	are true and correct.	The first conditions of the co	
		THE METHODIST HOSPITALS, INC.	
CHAME OF TH	IDIANA	(1) BY: Ungul Drurich	
STATE OF IN	,	Angae Djuktoh	
COUNTY OF L) SS:	VOIANA LIET	
COONII OI II	IARE)		
ΙA	Angie Djukich ,	being a Patient Representative for The Methodist	
		being a <u>Patient Representative</u> for The Methodist upon oath, says that the facts stated in the foregoing	
are true an	d correct.		
		(2) (Ingue Arieich	
		Angie Diukith	
- Subsc	ribed and sworn to befor	e me, a Notary Public, this day of	
- nelli	, 2011.	10 10	
		_ Due no Store	
My Commissi	on Expires:	Notary Public	
March	24, 2019	A Resident of <u>Lake</u> County	
I affirm, ι	under the penalties for	parjury, that I have taken reasonable care to redact	
each social	security number in this	document, unless required by law.	
		Z	
This Instru	ment Prepared By:		
		le F. Hites, Attorney at Law	
	11-	0 Broadway, Merrillville, IN 46410	
AMOUN	IT \$		
CASH_	CHARGE		
CHECK	(#	Official Seal	
OVER/	AGE	LISA M. STONE SEAL OF LAKE County, IN	
COPY		My commission expires	
NON		March 24, 2019	

OVERAGE. COPY_ NON-COM_

CLERK_

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