LIATE OF INDIANA
LANE COUNTY
FILED FOR RECORD

2011 044616

2011 AUG 18 PM 2:51

MICH RECURDER ACCOUNT# 200616407 Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN TO: REGINALD GREEN REGINALD GREEN Patient: Attorney: 505 VANDERBURG STREET GARY, IN 46403 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 April 30, 2011
and was discharged from the hospital on April 30, 2011

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is ONE TRICUSARY FOUR EINTRIC PHIRIX THREE 10/100

(\$ 1,433.50) Dollars. Are County Recorder!
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 e.g. ent was discharged from the Hospital. The undersigned individual executing this instrument, having been duly sworm 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. BY: Sandra HOLLAND STATE OF INDIANA COUNTY OF LAKE I <u>SANDRA HOLLAND</u>, being a <u>Patient Representative</u> for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and Sandra Holland Subscribed and sworn to before me, a Notary Public, this Incl day of (2) Lasa M. Stone My Commission Expires: Notary Public A Resident of Acuix Notary Public County Maich 24, 2019 I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this poliment, unless required by law. Earle F. Hites, Attorney at Law This Instrument Prepared By: 8700 Broadway, Merrillville, IN 46410

AMOUNT \$_ CASH___ CHECK #. **OVERAGE** COPY_ NON-COM_ CLERK_

E



195507