STATE OF INDIANA LAKE FOUNTY FILED FOR RECORD

2011 044635

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MICH RECOFLER

ACCOUNT# 100407113

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN
TO:
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 maintenant of Labove listed parient as follows:  1. The patient was admitted to the Lospital on June 28, 2011 and was discharged from the hospital of June 20, 2011 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Six HUNDRED TEN 00/100 the property of (\$\frac{\text{5}}{610.00}\$) Dollars.  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 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 facus and matters set forth in the foregoing statement are true and correct.
STATE OF INDIANA ) SSS:  COUNTY OF LAKE )  THE METHODIST HOSPITALS, INC.  (1)  BY: Sandra Holland
I SANDRA HOLLAND, 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) Sandra Holland
Subscribed and sworn to before me, a Notary Public, this Ind day of  Gugust , 2011.  My Commission Expires:  A kesident of Mary Public  County  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. Hires, A'torney at haw 8700 Broadway, Merrillville, IN 46410

AMOUNT \$. CASH-CHECK #. **OVERAGE** COPY\_ NON-COM CLERK.

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Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019 (SEAL) POINT

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