

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 051348

2011 SEP 19 PM 1:21

MICHAEL J. ADAMAN
RECORDER

200621755

Return To: Hodges & Davis, P.C.
8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

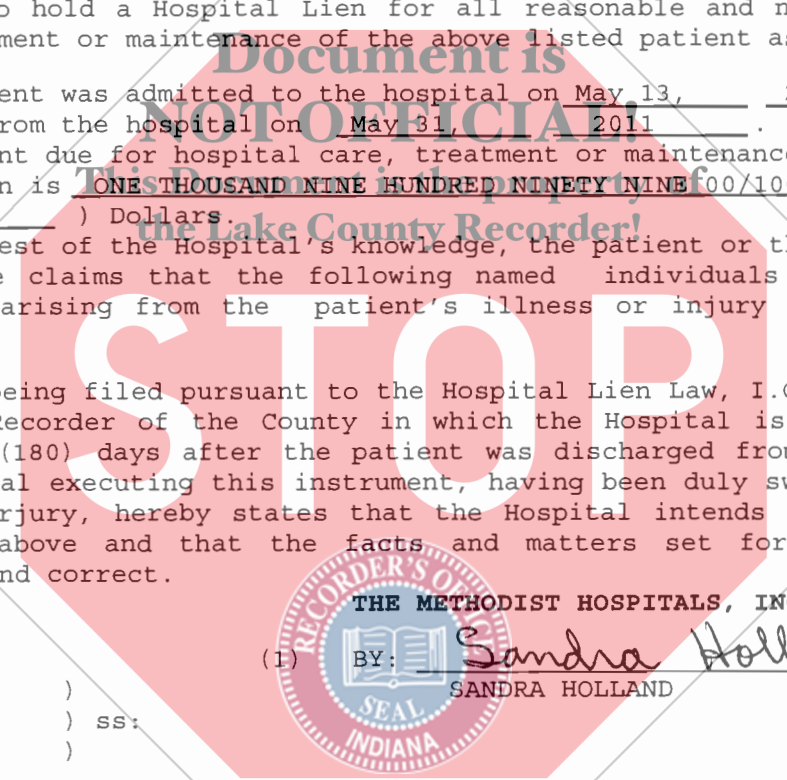
TO: SPENCER DIXON
 Patient: SPENCER DIXON
 6735 VAN BUREN CT
 MERRILLVILLE, IN 46410
 Attorney: Walter J Alvarez
 1524 W. 96th Ave
 Crown Point, IN 46307

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 maintenance of the above listed patient as follows:

- The patient was admitted to the hospital on May 13, 2011 and was discharged from the hospital on May 31, 2011.
- The amount due for hospital care, treatment or maintenance during the above hospitalization is ONE THOUSAND NINE HUNDRED NINETY NINE 00/100 (\$ 1,999.00) Dollars.
- 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 facts and matters set forth in the foregoing statement are true and correct.



THE METHODIST HOSPITALS, INC.
 BY: Sandra Holland
 SANDRA HOLLAND

STATE OF INDIANA)
) ss:
 COUNTY OF LAKE)

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
 SANDRA HOLLAND

Subscribed and sworn to before me, a Notary Public, this 22nd day of August, 2011.
 My Commission Expires: March 24, 2019
Lisa M. Stone Notary Public
 A Resident of Lake 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. Hites, Attorney at Law
 8700 Broadway, Merrillville, IN 46410

AMOUNT \$ 11-
 CASH CHARGE
 CHECK # 17533
 OVERAGE
 COPY
 NON-COM
 CLERK UP



19224.00