

FILED FOR RECORD

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MIC... RECORDER

#200671036

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: MITCHELL B BASHAM Patient: MITCHELL B BASHAM 15715 COLFAX ST LOWELL, IN 46356

Attorney: _____

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:

- 1. The patient was admitted to the hospital on SEPTEMBER 27, 2011. and was discharged from the hospital on SEPTEMBER 30, 2011.
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is SIXTY FOUR THOUSAND SEVEN HUNDRED SEVENTY-SEVEN 60/100 (\$ 64,777.60) 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 facts and matters set forth in the foregoing statement are true and correct.

THE METHODIST HOSPITALS, INC. (1) BY: Melissa Vasquez MELISSA VASQUEZ

STATE OF INDIANA)) ss: COUNTY OF LAKE)

I MELISSA VASQUEZ, 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) Melissa Vasquez MELISSA VASQUEZ

Subscribed and sworn to before me, a Notary Public, this 21st day of November, 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- CHARGE CHECK # 17722 OVERAGE COPY NON-COM CLERK



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