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#200764997

MICE RECURDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

DAVID BOILEK Patient: DAVID BOILEK Attorney: 5704 IRIS SCHERERVILLE, IN 46375 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: The patient was admitted to the hospital on MAY 15, 2012. 1. The patient was admitted to the hospital on MAY 15, 2012.

and was discharged from the hospital on MAY 15, 2012.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is ONE THOUSAND FOUR HUNDRED FIFTEEN 00/100

(\$\frac{1,415.00}{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 stave. 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 Pospital intends to hold the Hospital the penalties of perjury, hereby states that the Hospital intends to hold the Hospital statement are true and correct. THE METHODIST HOSPITALS, INC. 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 (2) MELISS Subscribed and sworn to before me, a Notany Public, this day of ____, 2012. My Commission Expires: Notary Public A Resident of July March 24,2019

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.

Earle F. Hites, Attorney at Law

This Instrument Prepared By:

AMOUNT \$. CASH-CHECK# OVERAGE.

COPY-NON-COM.

CLERK-

8700 Broadway, Merrillville, IN 46410

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LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019

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