2012 042264

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MICHELLE REJMAN RECORDER

#200738492

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN CLAYTON E COOPER Patient: CLAYTON E COOPER Attorney: 6914 POLK ST MERRILLVILLE, IN 46410 Recorder of Lake County, Indiana Indiana Department of Insurance

Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307

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 MARCH 10, 2012.

1. The patient was admitted to the hospital on MARCH 10, 2012.

and was discharged from the hospital on MARCH 10, 2012.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is FOUR THOUSAND EIGHT HUNDRED TWENTY-FIVE 00/100

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 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 <u>Patient Representative</u> for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing

(2) Subscribed and sworn to before me, a Notary Public, this 3/0 day of ___, 2012.

Commission Expires:

Acuto Notary Public A Resident of

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 \$ CASH-CHECK # **OVERAGE** COPY_ NON-COM_

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

CLERK_