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MICH RECORDER

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Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:

Chandra T Standifer

Chandra T Standifer

4429 W 24th Ave Gary, IN 46404 Attorney: Thomas A Clements

500 E 86th Ave

Merrillville, IN 46410

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 April 18 , 2012 and was discharged from the hospital on June 12 , 2012

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Five Thousand Twenty-Five Openty

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.

BY: Angle Djykich

STATE OF INDIANA

ss:

COUNTY OF LAKE

I Angle Djukich , being a <u>Patient Representative</u> for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

Subscribed and sworn to before me a Notary Public, this day of

My Commission Expires:

on Expires:

Notary Public

A Resident of Lake County

I affirm, under the penalties for persury, that I have taken reasonable care to redact each social security number in this accument, unless required by law.

This Instrument Prepared By:

Earle F. Altes, Attorney at Law 8700 Broadway, Merrillville, IN 46410

AMOUNT \$_____CHARGE____

CASH_____CHARGE____CHECK #_____[\sildn' \lambda \cdot \cdot

NON-COM______CLERK_____UII

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

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