STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 055671

2012 AUG 17 PM 1:34

MICHAEL A. BROWN
RECORDER

200786664

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

**SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN**

**TO:** Amanda R Fusner
**Patient:** Amanda R Fusner
1142 Donegal Ln
Crown Point, IN 46307

**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 July 04, 2012 and was discharged from the hospital on July 04, 2012.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One Thousand Twenty-Four ($ 1,024.00 ) 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: Angie Djukich
Angie Djukich

STATE OF INDIANA )
) ss.
COUNTY OF LAKE )

I Angie Djukich, 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) Angie Djukich
Angie Djukich

Subscribed and sworn to before me, a Notary Public, this 20 day of July, 2012.

Sherry C. Foust
Notary Public

My Commission Expires.
October 10, 2013

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

Official Seal
SHERRY C FOUST
Resident of Lake County, IN
My commission expires
October 10, 2013

AMOUNT $ 11-
CASH ____ CHARGE ____
CHECK # 18183
OVERAGE ____
COPY ____
NON-COM ____
CLERK AW

E

206293

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP