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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:

Williams, Bryone

Patient:

Williams, Bryone

1857 W 85th Ave Apt L340 Merrillville, IN 46410

Recorder of Lake County, Indiana Lake County Government Center

2293 North Main Street Crown Point, Indiana 46307 Attorney:

Raymond Gupta

833 W Lincoln Hwy #380E Schererville, IN 46375

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 June 01 and was discharged from the hospital on July 31, 2012

(\$ 4,072.00 ) Dollars. Recorder!

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 patient's illness or injury causing the hospital liable for damages arising from the

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 persent of parameters of parameters and the terms of the parameters of parameters and the patients are not provided in the parameters. 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.

STATE OF INDIANA

COUNTY OF LAKE

Sandra Allen

BY: Jandia

JAHORA AllEN 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. Sande (2)

Sandra Allen

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

Commission Expires:

Panch 24, 2019

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\_

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

206606

CHECK #

COPY\_

OVERAGE.

NON-COM. CLERK\_