STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 059310

2012 AUG 31 AM 10: 10

MICHAEL A. BRAJMAN
RECORDER

#100493990

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: JAIRENMES BOZEMAN-ROBINSON
Patient JAIRENMES BOZEMAN-ROBINSON
217 MORNINGSIDE AVE
GARY, IN 46408

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 30, 2012. and was discharged from the hospital on JULY 30, 2012

2 The amount due for hospital care, treatment or maintenance during the above hospitalization is FIVE HUNDRED EIGHTY-ONE 25/100 ($ 581.25) 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: Melissa Vasquez
MELISSA VASQUEZ

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 are true and correct

(2) Melissa Vasquez
MELISSA VASQUEZ

Subscribed and sworn to before me, a Notary Public, this 8 day of August, 2012.

Sherry C Foust
Notary Public
A Resident of Lake County

My Commission Expires:
October 10, 2013

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 # 18205
OVERAGE ____
COPY ____ E
NON-COM ____
CLERK 12

203345.002

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