

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2012 059322

2012 AUG 31 AM 10:11

Michelle FAJMAN  
RECORDER

ACCOUNT# 100475775

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

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

**TO:** NORRIS JORDEN  
**Patient:** NORRIS JORDEN  
1136 ELLSWORTH  
GARY, IN 46404

**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 May 06 , 2012  
and was discharged from the hospital on May 06 , 2012.

2. The amount due for hospital care, treatment or maintenance during the  
above hospitalization is ONE THOUSAND ~~FOUR~~ FOUR 00/100  
(\$ 1,004.00 ) 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: Regina Pirtle  
REGINA PIRTLE

STATE OF INDIANA )  
  ) ss:  
COUNTY OF LAKE )

I REGINA PIRTLE , 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) Regina Pirtle  
REGINA PIRTLE

Subscribed and sworn to before me, a Notary Public, this 7 day of  
August , 2012.

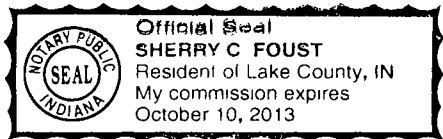
My Commission Expires:

Sherry C. Foust  
Notary Public  
A Resident of LAKE County

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



AMOUNT \$ 11-  
CASH CHARGE  
CHECK # 18205  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK UR

207001