STATE OF INDIANA
LAKE COUNTY FILED FOR RECORD

2013 020384

2013 MAR 18 PM 2: 26

MICHAEL B. BROWN RECORDER

100514772

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

TO:

-Robin-M-Etoundi

Patient: Robin M Etoundi 1729 W 7th Ave

Gary, IN 46404

Attorney: Atty Alvarez

1524 W 96th Ave

Crown Point, IN 46307

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 October 28 , 2012 and was discharged from the hospital on October 28 , 2012

2. The amount due for hospital care, treatment or maintenance during the

above hospitalization is Two Thousand Three Hundred Ninety and 50/100

(\$ 2,390.50 ) 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 liable for damages arising from the patient's illness or injury causing the hospital patient's illness or injury causing the hospital

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.

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Angie Mukich

STATE OF INDIANA

COUNTY OF LAKE

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. Aud wh

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Subscribed and sworn to before me, a Notary Public,

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Elornan, 2013.

My Commission Expires:

March 24, 2019

TUDG

Notary Public

A Resident of

Lake

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-CHECK #

**OVERAGE** 

COPY\_

NON-COM CLERK.

E

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

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