STATE OF INDIAM. LAKE COUNTY FILED FOR RECORD

2013 021721

2013 MAR 22 PM 1: 34

MICHAEL J. BROWN RECORDER

100506250

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

TO:

Thomas, Katherine
Thomas, Katherine Patient:

1200 Washington St Apt702

Gary, IN 46407

Attorney: Michael J Galanis

275 US Hwy 30

Dyer, IN 46311

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 September 18, 2012 and was discharged from the hospital on September 27, 2012.

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

above hospitalization is One Thousand, One Hundred, Eighty-Four

1,184.00 ) 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

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. Sandra Allen

STATE OF INDIANA

COUNTY OF LAKE

being a Patient Representative for The Methodist I Sandra 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.

Dandea (2) Sandra Allen

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

<u>rnarch</u>, 2013.

My Commission Expires:

M arch 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 \$. CHECK #. **OVERAGE** COPY\_ NON-COM. CLERK\_

LISA M. STONE Resident of Lake C My commission expires March 24, 2019

10449 002