

2013 045287

2013 JUN 19 PM 2:08

MICHAEL B. BROWN  
RECORDER

# 100529478

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

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

TO: DANYELLE JOHNSON  
Patient: DANYELLE JOHNSON  
2710 DOUBLE EAGLE LN. APT M  
VALPARAISO, IN 46383

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:

- The patient was admitted to the hospital on January 2 2013 and was discharged from the hospital on January 6 2013
- The amount due for hospital care, treatment or maintenance during the above hospitalization is Twenty nine thousand nine hundred eighty two & 25/100 (\$ 29,982.25)

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: [Signature]  
DIAN HALL

STATE OF INDIANA )  
) ss:  
COUNTY OF LAKE )

I DIAN HALL, 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) [Signature]  
DIAN HALL

Subscribed and sworn to before me, a Notary Public, this 17th day of May, 2013.

My Commission Expires: March 24, 2019

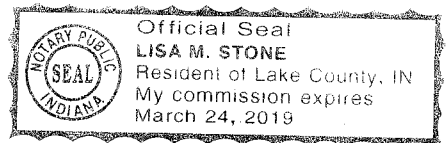
[Signature]  
Notary Public  
A Resident of Lake County

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: [Signature]  
Earle F. Hites, Attorney at Law  
8700 Broadway, Merrillville, IN 46410

AMOUNT \$ 11-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 18895  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK RR

E



215658