STATE OF THE PO LANC COUNTY FILED FOR RECON

2014 003903

2014 JAN 22 PM 1: 14

MICHALL LONG VIN RECORDER

ACCOUNT 100658606

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	CARLOS L KELLUM-SPIKES		
Patient:	CARLOS L KELLUM-SPIKES	Attorney:	
	730 CLINTON ST		
	GARY, IN 46406		
Recorder of	Lake County, Indiana	Indiana Dep	artment of Insurance
			ington Street
2293 North Main Street Suite 300 Crown Point, Indiana 46307 Indianapoli		- T11 ACOOA	
Crown Point, Indiana 46307 Indianapolis, Indiana 46204			
IN 46402, hospital ca	intends to hold a Hospital Live, treatment or maintenance of the patient was admitted to	ien for all reason of the above listed CUMENT 1S the hospital on <u>Nov</u>	ember 02 <u>, 2013</u>
and was discharged from the hospital on November 02 , 2013 . 2. The amount due for hospital care, treatment or maintenance during the			
above hospitalization is ONE THOUSAND THREE-25/100			
(\$ 1,003.25) Dollars. This amount is subject to reduction for any benefits			
to which the patient is entitled under the terms of any contract, health plan, or medical insurance, and credits for all payments, contractual adjustments, write-offs, and any			
other benef	To the best of the Hospital's	s knowledge the na	tient or the nation's
legal repre	esentative claims that the f	ollowing named in	ndividuals and/or entities are 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 ninety (90) 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 HOS	PITALS, INC.
	(1)	BY: DIANA LOG LM	a Puttle
STATE OF IN		REGINA PIRT	KÈ .
COUNTY OF I	AKE) ss:	/	
I_REGINA PIRTLE, 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.			
Subsc	cribed and sworn to before me,		
Januan	, 2014.	Suisa M. S	,
My Commissi	ion Expires:	A Resident of	
Monch	24,2019	A Resident of	<u>Janl</u> 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:			
Earle F. Hites, Attorney at Law			
8700 Broadway, Merrillville, IN 46410			
<i>2</i>	19402		Official Seal
1 () () () () () () () () () (19402		LISA M. STONE RESIDENT IT LAKE COUNTY
	F.		My commission extends
	~		the contraction and the property of the same of the sa

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