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MICHAEL B. BROWN RECORDER

#100704358

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN TO: BEVERLEY E DUKE Patient: BEVERLEY E DUKE Attorney: 1884 E 87TH AVE MERRILLVILLE, IN 46410 Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 311 W. Washington Street 2293 North Main Street Suite 300 Crown Point, Indiana 46307 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 JANUARY 20 , 2014 and was discharged from the hospital on JANUARY 21 , 2014 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is ONE THOUSAND EIGHTY-ONE 25/100 (\$\frac{1,081.25}{\text{to which the patient is}}\$) 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 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 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 above and 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 THE METHODIST HOSPITALS, INC. STATE OF INDIANA COUNTY OF LAKE are true and correct. (2)VASQUEZ Subscribed and sworn to before me, a Notary Public, this March , 2014. My Commission Expires: Notary Public Scrue . A Resident of 101ch 21,2019 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.

AMOUNT \$ CASH CHECK # E OVERAGE COPY.

This Instrument Prepared By:

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

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NON-COM CLERK.