STATE UP TO LAKE COUNTY FILED FOR RECOT

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MICHAEL E. ONUWN RECORDER

Return To: Hodges & Davis, P.C.

| 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN  |                                |            |   |
|--|--------------------------------|------------|---|
| TO:  | Stanley Dupree                 |            |   |
| Patient:   | Stanley Dupree                 | Attorney:  |   |
|  | 1756 Burr St<br>Gary, IN 46406 |            |   |
|  |                                |            |   |
| 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 March 04 ,2014  |                                |            |   |
| and was discharged from the hospital on March 04 , 2014 .  2. The amount due for hospital care, treatment or maintenance during the  |                                |            |   |
| above hospitalization is seven Hundred Forty-Two (\$ 742.00 Dollars. This amount is subject to reduction for any benefits  |                                |            |   |
| to which the patient is entit <b>ted underethourny Recorden</b> ract, health plan, or medical insurance, and credits for all payments, contractual adjustments, write-offs, and any other benefit.   |                                |            |   |
| 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 ninety (90) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been pury 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.  |                                |            |   |
| STATE OF INDIANA )   |                                |            |   |
| COUNTY OF LAKE   |                                |            |   |
|  |                                | haine      | y a Dationt Donrescontative for The   |
| I Angie Djukich , 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.  |                                |            |   |
|  |                                | 2          | Angie Djukich   |
| Subscribed and sworn to before me, a Notary Public, this $24m$ day of , 2014.  |                                |            |   |
| 1 (0000)   | (e                             |            | na M. Stene   |
|  | ion Expires:                   | A Resident | Notary Public of Lake County  |
| March 24,2019  |                                |            |   |
| 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.   |                                |            |   |
| This Instrument Prepared By:  Earle F. Hites, Attorney at Law  |                                |            |   |
| 8700 Broadway, Merrillville, IN 46410  |                                |            |   |
| CF<br>CC<br>CC<br>CC<br>N  | MOUNT \$                       | E          | Official Seal LISA M. STONE Resident of Lake County IN My commission expires March 24, 2019 |
| MANUE !  |                                |            |   |