## NOT AN OFFICIAL DOCUMENT

RECORDER STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED 2024-005057

10:22 AM 2024 Feb 1

102380681

TO:

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Halley Murphy Patient: Attorney: 1256 Morgan Street Joliet, IL 60436 Recorder of Lake County, Indiana Indiana Department of Insurance 311 W. Washington Street Lake County Government Center 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: The patient was admitted to the hospital on October 17 , 2023 and was discharged from the hospital on October 17 , 2023

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Three Thousand Three Hundred thirty-five dollars (\$\ 3,335.00 \) 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 benefit. To the best of the Hospital's knowledge, the patient or the patient's 3. 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 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) STATE OF INDIANA

COUNTY OF LAKE being a Patient Representative for The Thomas E Tadros Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. Tadros (2) ed and sworn to before me, a Notary Public, 2024. ommission Expires: Notary Public Resident of My Commission No: DEBRA A ROSE Notary Public - Seal e County - State of Indiana mission Number NP0653049 nmission Expires Apr 23, 2030

under the penalties for perjury, that I have taken reasonable care to redact

each social security number in this document, unless required by law. S. Free

Jusa Frost, Attorney at Law Laura B. 8700 Broadway, Merrillville, IN 46410

**AMOUNT** CASH CHECK # OVERAGE COPY NON-COM CLERK

This Instrument Prepared By: