

# NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

2024-019905  
12:27 PM 2024 Jul 28

102524055 Return To: Hodges & Davis, P.C.  
8700 Broadway, Merrillville, IN 46410

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

TO: Kiara Booth  
Patient: Kiara Booth Attorney: \_\_\_\_\_  
2022 Taft Street  
Gary, IN 46401

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:

- The patient was admitted to the hospital on July 05, 2024 and was discharged from the hospital on July 05, 2024
- The amount due for hospital care, treatment or maintenance during the above hospitalization is Three Thousand Two Hundred fifty-four dollars 00/100 (\$ 3,254.00 ) 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 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) BY: Thomas E. Tadros

STATE OF INDIANA )  
  ) ss:  
COUNTY OF LAKE )

I, Thomas E Tadros, 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) Thomas E. Tadros

Subscribed and sworn to before me, a Notary Public, this 15<sup>th</sup> day of July, 2024.

My Commission Expires: March 24 2027  
Notary Public  
Resident of Lave County  
My Commission No: NP0624702

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

AMOUNT 25  
CASH \_\_\_\_\_  
CHECK # 29207  
COVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK [Signature]

LISA STONE  
Notary Public - Seal  
Lake County - State of Indiana  
Commission Number NP0624702  
My Commission Expires Mar 24, 2027

359592