

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-030809

2:40 PM 2024 Oct 28

102543779 Return To: Hodges & Davis, P.C.
8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Kimberly M Sipe
Patient: Kimberly M Sipe Attorney: _____
3380 Blue Ridge Drive _____
Carpentersville, IL 60110 _____

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 August 11, 2024 and was discharged from the hospital on August 11, 2024.
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Five Hundred & forty-three dollars 00/100 (\$ 543.00) 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.
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 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 23rd day of September, 2024.

My Commission Expires: March 24, 2027
Lisa Stone Notary Public
Resident of Luna 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 15
CASH _____ CHARGE _____
CHECK # 29379
OVERAGE _____
COPY _____
NON-COM _____
CLERK AAA

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

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