Hodges & Davis, P.C. 5525 Broadway Merrillville, Indiana 46410

SWORN STATEMENT A NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

duly sworn upon cath, under the penalties of perjury, hereby states that the Hospital intends to hold the Hospital Lien as described above and that the fadily and matters set forth in the foregoing statement are true and correct. STATE OF INDIANA STATE OF INDIANA STATE OF INDIANA SS: COUNTY OF LAKE I KEVIN O. PHILLIPS A Resident of KEVIN O. PHILLIPS Subscribed and sworn to before me, a Notary Public, this 32 day of 4 the facts of the property of the	TO:	VICKIE EVANS			
Recorder of Lake County, Indiana Lake County Government Center 2993 North Main Street Crown Point, Indiana 46307 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 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 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 Lien for all reasonable and necessary charges for hospital for h	Patient:	Vickie Evans 331176479	Attorney	Willie Harris	
Recorder of Lake County, Indiana Lake County Government Center 2393 North Main Street Crown Point, Indiana 46307 You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hespital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above lieted patient as follows: 1. The pation are admitted to the hospital in November 19, 1994, 19, and was discharged from the hospital care, treatment or maintenance of the above lieted patient as follows: 2. The amount dust in the hospital care, treatment or maintenance during the hospital care, treatment or maintenance during the hospital care, treatment or maintenance during the hospital care treatment or maintenance during the hospital care, treatment or maintenance during the hospital care treatment or maintenance during the hospital care treatment or maintenance during the above hospitalization is two Thousand English Rechiptedess. 3. To the best of the Hospital's knowledge, the patient or the patients 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. \$32-8-26 in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty [180] duwn after the patient was discharged from the Hospital The undersigned industrial care the patient was discharged from the Hospital The undersigned industrial care the principle of the patient of the Hospital Care the Amount was discharged from the Hospital The undersigned industrial the patients are true and correct This METHODIST HOSPITALS, INC. STATE OF INDIANA SETATE OF INDIANA A PROVINCE T		3338 Delaware		504 Broadway, Ste 1016	
Lake County Government Center 2923 North Main Street Crown Point, Indiana 46307 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 nacessary charges for hospital care, treatment or maintenance of the above lieted patient as follows: 1. The patient are annited to the hospital on November 19, 1994, 19 , and was discharged from the hospital on November 19, 1994 2. The adoutt due for hospital care, treatment or maintenance during the depotent of the November 19, 1994 2. The adoutt due for hospital care, treatment or maintenance during the above hospitalization is Two Thousand Eighten Dollars and Eighty Five Cents 3. To the best of the Hospital's knowledge, the patient or the patients are liable for damages erising from the patient's illness or injury causing the hospital stay: This Lien is being filed pursuant to the Hospital Lien Law, I.C. \$32-8-26 in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty [180] daws after the patient was discharged from the Hospital. The undersigned individual of period that is interment, having begind duly sworn upon oath, under the benefitier of period, hereby et atte that the Hospital intends to hold the Hospital Lien at described above and that here are the same and matters set forth in the foreign statement are true and correct The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foreign are true and correct. STATE OF INDIANA) 98: COUNTY OF LAKE My Commission Expires: A Resident of Methodist Hospitals, this produced in the foreign are true and correct. KEVIN O. PHILLIPS A Resident of Methodist Hospitals for the patient of the patient of the foreign are true and correct. My Commission Expires: A Resident of Methodist Hospitals for the patient of the foreign and the foreign and the foreign and the patient of the foreign and the foreign and the foreign and the foreign and the fo		Gary, IN 46406		Gary, IN 46402	
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2. The amount due for heapital case treatment or as intenance during the hospital tation is two Thousand Eighteen Dollans and Eighty Five Cents. 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. \$32-8-26 in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigned individual associating this instrument, having been duly sworn upon oath, under the benalties of perjury, hereby states that the Hospital intends to hold the Hospital Lien as teseribed above and that the facts and matters set forth in the foregoing statement are true and correct. STATE OF INDIANA SUBSCRIBED A RESIDENT PRESENTATIVE Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts as a second in the foregoing are true and correct. KEVIN O. PHILLIPS SUBSCRIBED A Resident of STATE OF INDIANA Subscribed and sworn to before me, a Notary Public, this 32 day of the facts and the state of the county of the county of the state of the county o	Street, (necessar)	Gary, IN 46402, intends to y charges for hospital care, as follows:	hold a Hospits, treatment or n	al Lien for all reasonable and maintenance of the above listed	
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STATE OF INDIANA SS: COUNTY OF LAKE I KEVIN O. PHILLIPS being a ACCOUNT REPRESENTATIVE for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. KEVIN O. PHILLIPS Subscribed and sworn to before me, a Notary Public, this 32 day of the facts	in the O within or the Hospiduly swo Hospital	ffice of the Recorder of t ne hundred and eighty (180 Ital. The undersigned ind rn upon oath, under the intends to hold the Hospit	the County in w days after the vidual execution enalties of pe- al Lien as desc	thich the Hospital is located, ne patient was discharged from a this instrument, having being rjury, hereby states that the ribed above and that the facts	
STATE OF INDIANA SS: COUNTY OF LAKE I KEVIN O. PHILLIPS , being a ACCOUNT REPRESENTATIVE for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. KEVIN O. PHILLIPS (Luin Luin) Subscribed and sworn to before me, a Notary Public, this 1975. My Commission Expires: A Resident of A. County	and matte	ers set forth in the foreg	oing statement	are true and correct	Ž
STATE OF INDIANA SS: COUNTY OF LAKE I KEVIN O. PHILLIPS , being a ACCOUNT REPRESENTATIVE for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. KEVIN O. PHILLIPS Subscribed and sworn to before me, a Notary Public, this 22 day of the facts of the facts stated in the foregoing are true and correct. A Resident of Subscribed County		EII,	MOUNTA		7
I KEVIN O. PHILLIPS , being a ACCOUNT REPRESENTATIVE for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. KEVIN O. PHILLIPS (County) Subscribed and sworn to before me, a Notary Public, this 32 day of filture, 1995. My Commission Expires: A Resident of She County	STATE OF		- Table - Section	3	1
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My Commission Expires: A Resident of County	Sul - Ju	bscribed and sworn to bef	ore me, a Nota	ary Public, this 12 day of	
		Mark Control		Notary Public	
11-25-95	-		A Resident o	f Ont County	١

This Instrument Prepared By: Clyde D. Compton, Attorney at Law 5525 Broadway, Merrillville, Indiana 46410

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