'Accounts: 652618190 634604250

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2000 05, 1826 To:

Hodges2 Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

TO:

Bobby East

Patient:

Bobby East 809 Fayette St Gary, IN 46403

Attorney: Mark Thiros

200 E 90th Drive

Merrillville, IN 46410

Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307

Indiana Department of Ins. 311 W. Washington St, St 300

Suite 300

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 January 26 and was discharged from the hospital on April 28 , 2000
- The amount due for hospital care, treatment or maintenance during the above hospitalization is Twenty Thousand Three Hundred Twenty Nine This D20329.96ent is the Dollarserty of and 96/100
- To the besthof 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 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.

Margaret Cooper

STATE OF INDIANA

COUNTY OF LAKE

, being a <u>Account Representative</u> Margaret Cooper Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

> Margaret Cusa Margaret Cooper (2)

ubscribed and sworn to before me, a Notary Public, , 2000.

My Commission Expires:

A Resident of

s Anstrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 48410 3593

> 9484 9.00

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