

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: MARSHALL D BROWN
 Patient: MARSHALL D BROWN
1200 HAMILTON PLACE
GARY, IN 46403

Attorney: _____

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

Indiana Department of Insurance
 311 W. Washington Street
 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:

1. The patient was admitted to the hospital on SEPTEMBER 14, 2001 and was discharged from the hospital on SEPTEMBER 22, 2001.
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is FORTY TWO THOUSAND THREE HUNDRED SEVENTY FOUR AND 72/100 (\$ 42,374.72) Dollars.
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 32-8-26 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.

(1) BY: Barbara A. Dove

STATE OF INDIANA)
) ss:
 COUNTY OF LAKE)

BARBARA A. DOVE

I BARBARA A. DOVE, 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) Barbara A. Dove

BARBARA A. DOVE 3 day of

January 2002.

My Commission Expires:

August 28, 2006

Annette M. [Signature]

 Notary Public
 A Resident of Lake County

This Instrument Prepared By: Clyde D. Compton, Attorney at Law
 8700 Broadway, Merrillville, IN 46410

9-11-02
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