Accounts:	635566870
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nodges & Davis, P.C. Return To: 3700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN то • Katherine E. Gaskey Attorney: Patient: Katherine E. Gaskey 2231 W. 60th Drive Merrillville, IN 46410 Indiana Department of Insurance Recorder of Lake County, Indiana 311 W. Washington Street Lake County Government Center Suite 300 2293 North Main Street Indianapolis, Indiana 46204 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 Document 1s patient as follows: 1. The patient was admitted to the hospital on August 21 , 2001 and was discharged from the hospital on September 26 , 2001.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One Thousand Two Hundred Sixty Seven and 00/1000 (\$ 1267.00) 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, 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 foresting statement are above and that the facts and matters set forth in the foregoing statement are true and correct. THE METHODIST HOSPITALS, INC. BY: Margaret Cooper
Margaret Cooper (1) STATE OF INDIANA)) ss: COUNTY OF LAKE , being a <u>Patient Representative</u> for The Methodist Margaret Cooper Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) <u>Margaret Cooper</u> ibed and sworn to before me, a Notary Public, this day of 2002. Commission Expires: Notary Public A Resident of

This Instrument Prepared By: Clyde D. Compton, Attorney at Law

8700 Broadway, Merrillville, IN 46410.

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