Accounts: 311441869 311444400

2007 (177 - 8) 9: 59

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient: Bernice Crook Bernice Crook 2430 Fairbanks Gary, IN 46406 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 Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable necessary charges for hospital care, treatment or maintenance of the above 1 patient as follows:	e and
and was discharged from the hospital on March 29 . 2002 2. The amount due for hospital care, treatment or maintenance during above hospitalization is Fifty One Thousand Two Hundred Ninty Four and (\$5/,294.31) Dollars. Let a County Recorder 3. To the best of the Hospital's knowledge, the patient or the patient legal representative claims that the following named individuals and/or ent are liable for damages arising from the patient's illness or injury causing hospital stay:	31/100 it's ities
This Lien is being filed pursuant to the Hospital Lien Law, 8-26 in the Office of the Recorder of the County in which located, within one hundred and eighty (180) days after discharged from the Hospital. The undersigned individual executing instrument, having been duly sworn upon oath, under the penalties of perhereby 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 true and correct. THE METHODIST HOSPITALS, INC.	al is was this rjury, cribed
(1) BY: <u>71/augauth Cooper</u> STATE OF INDIANA) Margaret Cooper COUNTY OF LAKE)	_
Margaret Cooper , being a <u>Patient Representative</u> for The Meth Hospitals, Inc., being duly sworn upon oath, says that the facts stated i foregoing are true and correct.	nodist n the
Subscribed and sworn to before me, a Notary Public, this 8 day of face of Accept	
My Commission Expires: A Resident of Sale County	lic
This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410	9-