TO:

Jody Evans

## 2002 043522 2001 9:23 Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

10:	Jody Evans	Attorney:
Patient:	JOGY EVAILS	
	3409 Brooks Place	
	Gary, In 46404	
	- 1t	Indiana Department of Insurance
Recorder of	Lake County, Indiana	311 W. Washington Street
Lake County	y Government Center	Suite 300
2203 North	Main Street	Indianapolis, Indiana 46204
ZZJJ NOLEN	t, Indiana 46307	Indianapolis, indiana 10201
CLOMIL POTITI	c, mazarra	TO GREEN THE GOO Grant
You	are hereby notified tha	t THE METHODIST HOSPITALS, INC., 600 Grant hold a Hospital Lien for all reasonable and treatment or maintenance of the above listed
Street, Ga	-harges for hospital care	treatment or maintenance of the above 1224
necessary	Charges for hospit	ocument is
patient as	TOTTOWS.	
,		
1.	The patient was the hospita	to the hospital on February 10, 2002.  1 on February 16, 2002.  tal care, treatment or maintenance during the ared Forty One and 00/100
and was di	scharged from the for hospi	tal care, treatment or maintenance during the
2.	The amount due to the first	dred Forty One and 00/100
above hosp	pitalization is <u>SIX nul</u>	ndred Forty One and 00/100
(\$ 641.0	) Dollars.	the patient or the patient's
2	To the best of the nospi	following named individuals and/or entities
legal repr	resentative claims that the	he following named individuals and/or entities me the patient's illness or injury causing the
are liable	e for damages arising fro	m the patient's rimed of
hospital s	atav:	
HOBbicai -	jedy.	
		m m q mbian 22-
	filed nurs	suant to the Hospital Lien Law, I.C. Section 32-
This	Lien is being lifed pure	d eighty (180) days after the patient was
0 26 in	the Office of the Recor	the nation was
located.	within one number and	individual executing this
discharge	d from the Hospital.	the penalties of perjury,
ingtrumen	t having been duly swo!	rn upon oath, under the penalties of lien as described
Instrument	ates that the Hospital	intends to hold the Hospital Lien as described ters set forth in the foregoing statement are
nereby sc	that the facts and mat	ters set forth in the foregoing statement are
above and	i cliac che racos	WOJANA CLITT
true and	correct.	
		THE METHODIST HOSPITALS, INC.
		1) BY: Margaret Cooper
	1	1) BY: Warant Cooper
		1) 11
STATE OF	INDIANA /	Margaret Cooper
	) ss:	
COUNTY OF	LAKE )	
C001411 01		the Methodist
M-	be	eing a <u>Patient Representative</u> for The Methodist
	Ing being duly swor	n upon oath, says that the facts stated in the
Hospitals	3, Inc., being duri	•
foregoing	g are true and correct.	
		(2) Margaret Cooper  Margaret Cooper  Note Public this \$1/9 day of
	·	Mangarot Cooper
		Margaret Cooper
Sub	scribed and sworn to befo	ore me, a Notary Public, this
Com	<u> </u>	002111
- Comme		Notary Public
Mr. Commi	ssion Expires:	Motaly rubits
My Commit	Boton Bigue	Notary Public  A Resident of Sake County
	3 24-08	
	, promoted By: Clyd	e D. Compton, Attorney at Law
Tnis ins	870(	) Broadway, Mcrrrry
	3,73	$\mathcal{A}$
		7 Suff
	44	h.II
		49/07