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Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

TO:

Yavanna Harris

Patient:

Yavanna Harris

610 E. 8th Ave. #301 Gary, In 46402 Attorney:

Gus John Galanos

3893 E. U. S. Hwy. 30 Merrillville, In 46410

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 March 4 , 2002 and was discharged from the hospital on March 28 , 2002

and was discharged from the hospital on <u>March 28</u>, 2002.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is <u>Fight Hundred Eighty Four and 00/100</u>
(\$ 884.00 ) 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, 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: Margart Crosw
STATE OF INDIANA	) ) ss: )		(1) BY: Margaret Cooper  Margaret Cooper
COUNTY OF LAKE			

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

Subscribed and sworn to before me, a Notary Public, this 24 day of Margaret Cooper

Ty Commission Expires:

A Resident of A Resident County

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

7.H 1008/