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Hodges & Davis, P.C. RECORDER 8700 Broadway, Merrillville, IN 46410

| SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| TO: Taron Taylor  Patient: Taron Taylor Attorney: 4176 Jefferson St.  Gary, In 46407                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |
| Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307  Crown Point, Indiana 46307  Indiana Department of Insurance 311 W. Washington Street Suite 300  Crown Point, Indiana 46307  Indianapolis, Indiana 46204                                                                                                                                                                                                                                                |                      |
| You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grastreet, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable at necessary charges for hospital care, treatment or maintenance of the above list patient as follows:                                                                                                                                                                                                                                                                                                     | nd                   |
| 1. The patient was admitted to the hospital on October 4th 2002 and was discharged from the hospital on October 21 , 2002 .  2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Ninty Seven Thousand Four Hundred Forty Six Dollars56/                                                                                                                                                                                                                                                                    | rs<br>10             |
| 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:                                                                                                                                                                                                                                                                                                 | es                   |
| This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 33-4 in the Office of the Recorder of the County in which the Hospital located, within one hundred and eighty (180) days after the patient we discharged from the Hospital. The undersigned individual executing the 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 as true and correct. | is<br>as<br>is<br>y, |
| THE METHODIST HOSPITALS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |
| (1) BY: Bailara Eldredge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |
| STATE OF INDIANA ) Barbara Eldridge ) ss:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| COUNTY OF LAKE )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |
| I Barbara Eldridge , being a <u>Patient Representative</u> for The Methodis                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | зt                   |
| Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.                                                                                                                                                                                                                                                                                                                                                                                                                                           | ıe                   |

Subscribed and sworn to before me, a Notary Public, this

VHLARY, 2003.