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Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN Cynthia Sampson Patient: Cynthia Sampson Attorney: 3353 West 20th Place Gary, IN 46404 Recorder of Lake County, Indiana Lake County Government Center Indiana Department of Insurance 2293 North Main Street 311 W. Washington Street Crown Point, Indiana 46307 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 1. The patient was admitted to the hospital on May 04
and was discharged from the hospital ont May 07
2. The amount due for hospital care, treatment or maintenance during the (\$6.465.02

Dollars

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 This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 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 true and correct. THE METHODIST HOSPITALS, INC STATE OF INDIANA CHEVELLE SMITH) ss: COUNTY OF LAKE I, CHEVELLE SMITH , being a <u>Patient Representative</u> for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the (2) Subscribed and sworn to before me, a Notary Public, this kellet , 2003.

March 34, 2011

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

My Commission Expires:

9,00



Notary Public