My Commission Expires:

## 2003 104648



Ret	urn To:Hodges & Davis, P.C.
8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN	
TO: William Aller Patient: William Aller 1828 E. 20th Gary, IN 464	Attorney:
Recorder of Lake County, Lake County Government Ce 2293 North Main Street Crown Point, Indiana 4630	nter 311 W. Washington Street Suite 300
ocicco, Gary, in 40402,	tified that THE METHODIST HOSPITALS, INC., 600 Grant intends to hold a Hospital Lien for all reasonable and spital care, treatment or maintenance of the above listed
2. The amount due	he hospital on June 9 , 2003 for hospital care, treatment or maintenance during the five Hundred Forty Eight and 86/100
3. To the best of legal representative claim	the Hospital's knowledge, the patient or the patient's ms that the following named individuals and/or entities rising from the patient's illness or injury causing the
located, within one hu discharged from the Ho instrument, having been hereby states that the H	the Recorder of the County in which the Hospital is ndred and eighty (180) days after the patient was spital. The undersigned individual executing this duly sworn upon oath, under the penalties of perjury, ospital intends to hold the Hospital Lien as described and matters set forth in the foregoing statement are
	THE METHODIST HOSPITALS, INC.
STATE OF INDIANA ) ) s: COUNTY OF LAKE )	(1) BY: <u>Margaret Cooper</u> Margaret Cooper
_Margaret Cooper	, being a <u>Patient Representative</u> for The Methodist uly sworn upon oath, says that the facts stated in the rrect.
÷	(2) 17/agant Coper  Margaret Cooper  to before me, a Notary Public, this ith day of
Subscribed and sworn	to before me, a Notary Public, this if the day of

Official Seal Resident of Lake County, IN My commission expires March 24, 2011

Ling Stone

Notary Public County