2003 104650



Return To: Hodges & Davis, P.C.
SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN
TO: Barbara J. Ford Patient: Barbara J. Ford 2244 Fillmore St. Gary, IN 46407 Attorney:
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 Gran Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable an necessary charges for hospital care, treatment or maintenance of the above liste patient as follows:
and was discharged from the hospital on June 17, 2003 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Seven Hundred Ninty Nine and 67/100 (\$ 799.67 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 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 above and that the facts and matters set forth in the foregoing statement are true and correct. THE METHODIST HOSPITALS, INC.
STATE OF INDIANA) State of Indiana) State of Indiana) 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 4th day of My Commission Expired: My Commission Expired:
My Commission Expires:

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

A Resident of Sane

8700 Broadway, Merrillville, IN 46410

This Instrument Prepared By: Clyde D. Compton, Attorney at Law

Notary Public

_ County