March 24, 2011

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2003 104655

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MORRIS W. CARTER RECORDER

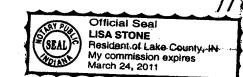
Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN ARTURO SANCHEZ TO: ARTURO SANCHEZ Patient: Attorney: 512 SCHOOL ST EAST CHICAGO, IN 46312 Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 311 W. Washington Street 2293 North Main Street Suite 300 Crown Point, Indiana 46307 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: The patient was admitted to the hospital on APRIL 30 and was discharged from the hospital on APRIL 30 , 2003 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is ONE THOUSAND EIGHTY-SEVEN AND 50/100 (\$ 1.087.50 ) 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 nospital stay: This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-3-4 in the Office of the Recorder of the County in which the Hospital is ocated, within one hundred and eighty (180) days after the patient was lischarged from the Hospital. The undersigned individual executing this nstrument, having been duly sworn upon oath, under the penalties of perjury, ereby states that the Hospital intends to hold the Hospital Lien as described have and that the facts and matters set forth in the forecasing statement are bove and that the facts and matters set forth in the foregoing statement are rue and correct. THE METHODIST HOSPITALS, INC. Druk ich (1) TATE OF INDIANA ) ) 88: OUNTY OF LAKE ANGIE DJUKICH , being a <u>Patient Representative</u> for The Methodist ospitals, Inc., being duly sworn upon oath, says that the facts stated in the pregoing are true and correct. (2) ANGIE DOUKICH Subscribed and sworn to before me, a Notary Public, this <u>lityest</u>, 2003. Lisa Stone Commission Expires: Notary Public

A Resident of Sane

8700 Broadway, Merrillville, IN 46410

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



County