## 2003 104660

Return To: Hodges & Davis, P.C.	
8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN	
TO: Danielle Davis Patient: Danielle Davis 3104 Brooks Pl Gary, In 46404	erney:
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
Street, Gary, IN 46402, intends to hold necessary charges for hospital care, treat	
above hognitalization is SIX Hundred Se	e, treatment or maintenance during the
(\$ 017.23 ) Dollars.	nowledge, the patient or the patient's wing named individuals and/or entities
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 ) ) ss: COUNTY OF LAKE )	Margaret Cooper
Margaret Cooper , 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.	
(2)	Taigant Cooper Margaret Cooper
Subscribed and sworn to before me, a Notary Public, this if M day of	
My Commission Expires:	Hisa Stone Notary Public Sident of Sake County
1 Mar ch 24, 7,011	sident of Sake County

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

8700 Broadway, Merrillville, IN 46410

Official Seal

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