Return To:

2000 100 10

Hodges & Davis, P.C.
8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

9,00

TO: Patient:	Rosalyn Knight	Attorney:	
	352 Cleveland St #B Gary, In 46404		
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204	
Street, Gar	ry, IN 46402, intends to tharges for hospital care	THE METHODIST HOSPITALS, INC., 600 (hold a Hospital Lien for all reasonable treatment or maintenance of the above 1:	
and was dis	charged from the hospital		
above hospi (\$ 684.85	italization is SIX Hund	al care, treatment or maintenance during to red Eighty-Four and 85/100	the
regal repres	To the best of the Hospit sentative claims that the for damages arising from	al's knowledge, the patient or the patient following named individuals and/or entithe patient's illness or injury causing	tied
located, wi discharged instrument, hereby state	thin one hundred and from the Hospital. having been duly sworn es that the Hospital into hat the facts and matte	upon oath, under the penalties of perjends to hold the Hospital Lien as descres set forth in the foregoing statement	was this ury,
		THE METHODIST HOSPITALS, INC.	
STATE OF IND	(1) PIANA)) ss:	BY: 27/augant Cooper	
COUNTY OF LA			
nospicais, i	nc., being duly sworn up true and correct.	a <u>Patient Representative</u> for The Metho oon oath, says that the facts stated in	dist the
Subscri	(2)	Margaret Cooper Me, a Notary Public, this 4th day of	
august	, 2003.		
My Commission		<u>Juin Stone</u> Notary Publi	C
march 24	42011	A Resident of Sake Notary Public County	_
This Instrume	ent Prepared By: Clyde D.	Compton, Attorney at Law	,

8700 Broadway, Merrillville, IN 46410

Official Seal

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