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Return To:

Hodges & Davis, P.C.
8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

Patient: JASHUA A. Mose
440 S LAWRENCE ST
HOBART, IN 46342

Attorney: Kenneth Elwood
2684 Willowcreek
PORTAGE, IN 46368

Recorder of Porter County, Indiana
Courthouse Room 210
16 East Lincolnway
Valparaiso, Indiana 46383

Indiana Department of Insurance
311 W. Washington Street
Suite 300
Indianapolis, Indiana 46204

You are hereby notified that PORTER MEMORIAL HOSPITAL, 814 LaPorte Avenue, Valparaiso, IN 46383, 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:

1. The patient was admitted to the hospital on July 5, 2003, and was discharged from the hospital on AUG. 18, 2003.
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is eight thousand and one hundred ninety two and 61/100 (\$ 8192.61) 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 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.

PORTER MEMORIAL HOSPITAL

(1) BY: Diane L. Embry

STATE OF INDIANA)
) ss:
COUNTY OF PORTER)

Diane L. Embry, being a Financial Counselor for Porter Memorial Hospital, being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

(2) Diane L. Embry

Subscribed and sworn to before me, a Notary Public, this 18 day of September, 2003.

[Signature]
Notary Public

My Commission Expires:

08/03/2008

A Resident of Lake County

This Instrument Prepared By: Clyde D. Compton, Attorney at Law
8700 Broadway, Merrillville, IN 46410

9.00
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