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Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

Constance Cardwell

Patient:

Constance Cardwell 2948 W. 19th Place

Gary, IN 46404

Attorney:

Peter Polansky

77 W. Wacker Dr., Ste 4025

Chicago, IL 60601

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 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: Document 18

1. The patient was admitted to the hospital on June 27 2003 and was discharged from the hospital on June 28 2003.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Two Thousand Six Hundred Thirty Seven and 56/100 (\$ 2637.56 Dollars. D

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.

CITE THE AMERICAN		(1)	BY: Margaret Cooper
STATE OF INDIANA)		Margaret Cooper
) aa:		5

COUNTY OF LAKE

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.

Margaret Cooper Subscribed and sworn to before me, a Notary Public, this 18th day of Hugust, 2003.

My Commission Expires:

A Resident of Sale

March 24, 2011 This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410

> Official Seal SHERI LOPEZ Resident of Lake County, IN My commission expires March 24, 2011