ACCOUNT: 334199999

334403672

830016044

2003 105712

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

JAN M. SMITH

Patient:

JAN M. SMITH

724 MATTHEWS STREET

GARY, IN 46406

Attorney: T.PETER POLANSKY

77 W. WACKER DRIVE STE 4025

N. Jean

CHICAGO, IL 60601-1635

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:

on JANUARY 29 , 2003 The patient was admitted to the hospital of

and was discharged from the hospital ont JUNE 24 perty 02003.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is FOUR THOUSAND ONE HUNDRED SEVENTY NINE AND 12/100 (\$4,179.12) 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-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.

		(3)	THE METHODIST HOSPITALS, INC.	
STATE OF INDIANA)) ss:)	(1)	BARBARA DOVE	_
COUNTY OF LAKE				

I, PARBARA DOVE , 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.

Darbara (2)

Subscribed and sworn to before me, a Notary Public, the day of Min DU 2003.

My Commission Expires:

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

8700 Broadway, Merrillville, IN 46410

A Resident of

Official Seal JESSICA TORRES Resident of Lake County, IN My commission expires March 24, 2011 11082

Notary Public

County