Tamra Kirby

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7729 N. Hermitage Chicago, IL 60626

TO:

Patient:

## 2003 106299

Return To:

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

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

Recorder of Lake County, Indi 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
necessary charges for hospita patient as follows:	ed that THE METHODIST HOSPITALS, INC., 600 Grant ends to hold a Hospital Lien for all reasonable and care, treatment or maintenance of the above listed
above hospitalization is Thi  (\$\frac{13.560.35}{}\)  Dollars	mitted to the hospital on August 17, 2003 cospital on August 20, 2003 chospital care, treatment or maintenance during the rteen Thousand Five Hundred Sixty and 35/100
legal representative claims	Hospital's knowledge, the patient or the patient's hat the following named individuals and/or entities and from the patient's illness or injury causing the
discharged from the Hospit instrument, having been duly hereby states that the Hospit	Recorder of the County in which the Hospital is d and eighty (180) days after the patient was al. The undersigned individual executing this sworn upon oath, under the penalties of perjury, tal intends to hold the Hospital Lien as described matters set forth in the foregoing statement are
	THE METHODIST HOSPITALS, INC.
STATE OF INDIANA ) COUNTY OF LAKE )	(1) BY: Margaret Cooper  Margaret Cooper
foregoing are true and correct	
Subscribed and sworn to be subscribed and sworn to be supplied to	Margaret Cooper  Defore me, a Notary Public, this Ind day of  A Resident of Lake  Notary Public  County
This Instrument Prepared By: C	lyde D. Compton, Attorney at Law 700 Broadway, Merrillville, IN 46410
	SEAL STONE Resident of Lake County, IN My commission expires March 24, 2011