ACCOUNT: 636906067

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	ARLIS STRUYF ARLIS STRUYF 2704 W. DUNES HWY MICHIGAN CITY, IN 4636	
Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 311 W. Washington Street 2293 North Main Street Suite 300 Crown Point, Indiana 46307 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:		
2. above hosp (\$ 2,643.8	The amount due for hospital pitalization is <u>TWO THOUSA</u> B4 Dollars.	the hospital on JULY 31 , 2003 DULY 31 Per V 2003 Core, treatment or maintenance during the ND SIX HUNDRED FORTY THREE & 84/100 's knowledge, the patient or the patient's
legal repreare liable hospital st	esentative claims that the for damages arising from t	following named individuals and/or entities he patient's illness or injury causing the
33-4 in the located, we discharged instrument, hereby sta	he Office of the Recorder within one hundred and e from the Hospital. If having been duly sworn that the Hospital interesthat the facts and matters	of the County in which the Hospital is ighty (180) days after the patient was no undersigned individual executing this pon oath, under the penalties of perjury, ads to hold the Hospital Lien as described set forth in the foregoing statement are
		THE METHODIST HOSPITALS, INC.
STATE OF IT) ss:	BARBARA DOVE
Hospitals,	ARBARA DOVE , being Inc., being duly sworn upoare true and correct.	a <u>Patient Representative</u> for The Methodist on oath, says that the facts stated in the
August		BARBARA DOVE e, a Notary Public, this 21st day of **Ausa Stone Notary Public A Resident of **Auxa County Of the C
This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410		



Tr.