ACCOUNT: 653616425

2003 106846

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011

<sup>2</sup>(seal)⁵

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

TO:	HELEN CHIABAI	
Patient:	HELEN CHIABAI	Attorney:
•	447 AMHURST ROAD	
	VALPARAISO, IN 4638	5
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 a Street, Gar necessary cl patient as 1  1. The second of the second	re hereby notified that y, IN 46402, intends to harges for hospital care follows:  The patient was admitted charged from the hospital talization is SEVEN H  Dollars.  To the best of the Hospital sentative claims that the for damages arising from ay:  ien is being filed pursue of the Record thin one hundred and from the Hospital.  having been duly swormes that the Hospital in that the facts and matter	to the hospital on MAY 12 , 2003  to the hospital on MAY 12 , 2003  to MAY 12
erde and cor	Teee.	
		THE METHODIST HOSPITALS, INC.
	(1)	BY: Barbara Done
STATE OF IND	•	BARBARA DOVE
COUNTY OF LA	) SS:	
COOMIT OF DA	ARE /	
Hospitals, 1		g a <u>Patient Representative</u> for The Methodist upon oath, says that the facts stated in the <b>Darbaro One</b>
		DADDADA DOUE
Subscr	ibed and sworn to before , 2003.	me, a Notary Public, this 2/57 day of
My Commission		Jusa M. Stence Notary Public
Manch =		A Resident of Salle County
	ment Prepared By: Clyde I	O. Compton, Attorney at Law roadway, Merrillville, IN 46410