636869398 ACCOUNT:

6536848783 137114

Hodges & Davis, P.C. Return To: 8700 Broadway, Merrillville, IN 46410 SWORN STATÉMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

THOMAS STULTS

Patient:

THOMAS STULTS

210 MORNINGSIDE AVENUE

GARY, IN 46408

Attorney:

FRED STULTS

330 S. LAKE STREET GARY, IN

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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: NOTOFFICIA

1. The patient was admitted to the hospital on JULY 11 , 2003 and was discharged from the hospital on AUGUST 1 , 2003 .

2. The amount due for hospital care, theatment or maintenance during the above hospitalization is THREE THOUSAND SIX HUNDRED FIVE AND 26/100 (\$ 3,605.26 ) Dollars.

3. To the best of the Mospital'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 eath, 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. true and correct.

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

I, BARBARA 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.

BARBARA DOVE Subscribed and sworn to before me, a Notary Public, t (GUST, 2003.

My Commission Expires:

Much 24,2011

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

8700 Broadway, Merrillville, IN 46410

Official Seal

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

Notary Public