ACCOUNT: 653714279

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Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: OLGA KRMPOTIC
Patient: OLGA KRMPOTIC Attorney:
671 CLOVE LANE
CROWN POINT, IN 46307

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:

1. The patient was admitted to the hospital on SEPTEMBER 2, 2003

and was discharged from the hospital on SEPTEMBER 4, 2003

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is TWO THOUSAND TWO HUNDRED TWENTY THREE & 10/100

(\$ 2,223.10) 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 asising 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 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.

STATE OF INDIANA

STATE OF LAKE

THE METHODIST HOSPITALS, INC.

(1) BY DAUGUE THE METHODIST HOSPITALS, INC.

(1) BY BARBARA DOVE

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.

(2) Darhara Yhu

EARBARA DOVE 14

Subscribed and sworn to before me, a Notary Public, HODE , 2003.

____day of

My Commission Expires:

A Resident of

Notary Public County

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

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