LAKE COUNTY FILED FOR RECORD

2004 APR -8 ATTROOPS

2004 028901

Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: D_SABRINA KASICH
Patient: D.SABRINA KASICH Attorney: 189 PARK PLACE
HEBRON, IN 46341
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 February 11 , 2004 and was discharged from the hospital on February 11 , 2004 . 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is ONE THOUSAND SEVEN HUNDRED TEN 00/100 (\$ 1,710.00) 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 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 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.
(1) BY: HOSPITALS INC.
STATE OF INDIANA) PATRICE TAYLOR) ss: COUNTY OF LAKE)
PATRICE TAYLOR , being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) PATRICE TAYLOR PATRICE TAYLOR ONA
Subscribed and sworn to before me, a Notary Public, this day of
My Commission Expires: A Resident of Sake County (1)
This Instrument Prepared By: Clyde D. Compton, Attorney at Law

8700 Broadway, Merrillville, IN 46410