CEAL OF INDIANA LAKE COUNTY FILED FOR RECORD

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200h MAY 20 PH 1: 19

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

| TO: | _James Hatchett | |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Patient: | James Hatchett | Attorney: |
| | 4221 Jefferson St. | |
| | Gary, IN 46408 | |
| Lake Count 2293 North | of Lake County, Indian By Government Center In Main Street Int, Indiana 46307 | Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204 |
| Street, Ganecessary | ary, IN 46402, intend | that THE METHODIST HOSPITALS, INC., 600 Grant ds to hold a Hospital Lien for all reasonable and care, treatment or maintenance of the above listed Document is |
| above hosp | The amount quelfor r | spital on May 01 , 2004 spital on May 01 , 2004 spital care, treatment or maintenance during the Chousand Two Hundred Eighty and 00/100 |
| 3. legal repr | To the best of the E esentative claims the for damages arising | ospital's knowledge, the patient or the patient's at the following named individuals and/or entities from the patient's illness or injury causing the |
| 33-4 in t located, discharged instrument hereby sta | the Office of the R within one hundred from the Hospital , having been duly ttes that the Hospital that the facts and | pursuant to the Hospital Lien Law, I.C. Section 32- ecorder of the County in which the Hospital is and eighty (180) days after the patient was 1. The undersigned individual executing this sworn upon oath, under the penalties of perjury, al intends to hold the Hospital Lien as described matters set forth in the foregoing statement are |
| | | THE METHODIST HOSPITALS, INC. |
| STATE OF I |) ss: | (1) BY: 27/augant Cooper Maggaret Cooper |
| Hospitals, | garet Cooper , Inc., being duly sware true and correct. | being a <u>Patient Representative</u> for The Methodist forn upon oath, says that the facts stated in the |
| | , 2004. ion Expires: | (2) Margaret Cooper Margaret Cooper efore me, a Notary Public, this |
| 21-01 | | Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011 |