ACCOUNT: 611926338

611933284

Section OF INDIANA LAKE COUNTY FILED FOR RECORD

2004 042226

2404 MAY 21 ALL SHE

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: CORNELIUS DANGERFIELD Patient: CORNELIUS DANGERFIELD Attorney: 8110 BURR ST CROWN POINT, IN 46307 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 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: Document is 1. The patient was admitted to the hospital on April 08 , 2004 and was discharged from the hospital on April 28 , 2004 2. The amount due for hospital care treatment or maintenance during the above hospitalization is TWENTY FOUR THOUSAND TWO HUNDRED FOUR AND 44/100 (\$ 24,204.44 ) 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. THE METHODIST HOSPITALS, INC. (1)STATE OF INDIANA ) ) 55. COUNTY OF LAKE I, BARBARA A. 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. Dorbala (2) BARBARA A. DOVE Subscribed and sworn to before me, a Notary Public, this May , 2004.

A Resident of

8700 Broadway, Merrillville, IN 46410

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

Official Sea JESSICA TORRES
Resident of Lake County, IN
My commission expires (SEAL) March 24, 2011

Notary Public

County

My Commission Expires:

March 24, 2011