Acct. #334658184

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 051012

2004 JUN 18 AM 8:54

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:
Patient: Andrew Mitchell Smith
Andrew Mitchell Smith
1737 Williams Street
Gary, IN 46406

Attorney: _____

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 December 29, 2003 and was discharged from the hospital on December 29, 2003.
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Six Hundred Ninety Eight Dollars 00/100 ($ 698.00) 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.

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP

THE METHODIST HOSPITALS, INC.

(1) BY: _____
CHEVELLE SMITH

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

I, CHEVELLE SMITH, 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) _____
CHEVELLE SMITH

Subscribed and sworn to before me, a Notary Public, this 28th day of May, 2004.

My Commission Expires:
March 24, 2011

Sheri Lopez
Notary Public

A Resident of Lake County

This Instrument Prepared By: Clyde D. Compton, Attorney at Law
8700 Broadway, Merrillville, IN 46410

Clc 11590
9-
VS

131588

Official Seal
SHERI LOPEZ
Resident of Lake County, IN
My commission expires
March 24, 2011