STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2005 000789

2005 JAN - 5 FM 3: 37

MICHAEL A. LOOWN RECORDER

637696527

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Myra Crews

Patient:

Myra Crews 408 S. Hamilton St. Gary, IN 46403

Attorney: I. Peter Polansky
77 W. Wacker Dr. #4025 Chicago, IL 60601

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

- 1. The patient was admitted to the hospital on September 15, 2004 and was discharged from the hospital on September 18, 2004.
- 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Two Thousand Two Hundred Eighty Three and 00/100 (\$ 2,283.00 ) 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.

## THE METHODIST HOSPITALS, INC.

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STATE OF INDIAN	) AIA	ss:	(1) 6.	Margaret Cooper					
COUNTY OF LAKE	)								
Margaret	Cooper		_, being a	Patient	Representa	tive for	The M	ethodis	
Hospitals, Inc.	heina	dulv	enorn unon	ooth o	2112 +b2+ +b				

/1\ DV.

Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

(2) Margaret Coopers
Subscribed and sworn to before me, a Notary Public, this 20 <u>December</u>, 2004. Avia Stone

My Commission Expires:

A Resident of Sale

Notary Public County

march 24, 2011 This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410 Ch 1205'

