CARROLL OF INDIANA LAKE COUNTY FILED FOR RECORD

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

TO: MICHELLE COVINGTON Patient: MICHELLE COVINGTON Attorney: 2131 CARVER ST GARY, IN 46407	
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 Gra Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable a necessary charges for hospital care, treatment or maintenance of the above list patient as follows: This Document is the property of 1. The patient was admitted to the bospital on Neverbox 10.	2
and was discharged from the hospital on November 10 , 2004 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is ONE THOUSAND FIVE HUNDRED SEVENTY 00/100 (\$\frac{1,570.00}{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 entitic are liable for damages arising from the patient's illness or injury causing the hospital stay:	0.5
This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 33 3-4 in the Office of the Recorder of the County in which the Hospital clocated, within one hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigned individual executing the 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.	is is is
THE METHODIST HOSPITALS, INC. (1) BY: PATRICE TAYLOR	
Hospitals, Inc., being duly sworn upon oath says that the facts stated in the foregoing are true and correct.	:t ie
Subscribed and sworn to before me, a Notary Public, this day of My Commission Expires: Notary Public Resident of All County	
This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410 Hicial Seal JESSICA TORRES Resident of Lake County, IN My commission expires March 24, 2011	