DE OF INDIAN AKE COUNTY D' FOR RECORD

2005 004566

121 PH 3:06 Hodges & Davis, P.C.

8700 Broadway Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

SHARON D. MAHAFFEY

Patient:

SHARON D. MAHAFFEY 2417 WAVERLY DRIVE

GARY, IN 46404

Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street

Crown Point, Indiana 46307

Attorney: JEFFERY OLIVEIRA

101 EAST 90TH DRIVE MERRILLVILLE, IN 46410

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 NOVEMBER 26 , 2004 and was discharged from the hospital on NOVEMBER 26 , 2004 .

2. The amount due for hospital care, treatment or maintenance during the

above hospitalization is ONE THOUSAND ONE HUNDRED ONE 00/100) Dollars. (\$<u>1,101</u>.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 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.

JESSICA TORRES

STATE OF INDIANA

COUNTY OF LAKE

SS:

I, JESSICA TORRES , 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.

> 10rres essica (2) JESSICA TORRES

Subscribed and sworn to before me, a Notary Public, this 13th day of

_, 2005.

My Commission Expires:

A Resident of

Notary Public County

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

