SME OF NOMAL LAKE COUNTY

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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: Patient: Nicholas G. Klebs Nicholas G. Klebs 2954 W. 78th Place

Merrillville, IN 46410

Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307

Attorney: Jeffery Oliveira

101 E, 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:

This Document is the property of

1. The patient was admitted to the hospital on November 18, 2004 and was discharged from the hospital on November 19, 2004

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Two Thousand Four Hundred Ninty Three and 00/100 ___) 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

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 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.

STATE OF INDIANA)) ss:)	(1)	1) BY: Margaret Cooper Margaret Cooper
COUNTY OF LAKE			

Margaret Cooper __, 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.

Margaret Margare Margaret Cooper Subscribed and sworn to before me, a Notary Public, this 13th Ganuary __, 2005 Sheri Loper

My Commission Expires:

Notary Public

This Instrument Prepared By: Clyde D. Compton, Attorney at Clyde D. Compton, Account 8700 Broadway, Merrilly (SEAL) I Dffi& 645 eau

SHERI LOPEZ
Resident of Lake County, IN (SEAL) My commission expires March 24, 2011

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