COUNTY FILED FOR RECORD

2005 004569

2005 JAN 21 PH 3: AL

MICHAEL A PROVAN RECORDAN

311773212 311774400

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient: <u>Ernest I. Carey Jr.</u>

Ernest L. Carey Jr. 2169 Broadway

Gary, IN 46407

Attorney: Rick Gikas

9120 Conn. St.

Merrillville, IN 46410

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:

This Document is the property of 1. The patient was admitted to the hospital on November 24 , 2004 and was discharged from the hospital on December 17 , 2004 .

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

above hospitalization is Seventy One Thousand Three Hundred Six&13/100 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 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 interest head that the Hospital interests head the Hospital interests head that the Hospital interests head the Hospital interes 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 an	d correct.			
				THE METHODIST HOSPITALS, INC.
STATE O	F INDIANA)	(1)	BY: Margaret Cooper
COUNTY	OF LAKE) ss:)		
ľ	Margaret Coop	per		, being a <u>Patient Representative</u> for
The Met	hodist Hospi	tals, Inc.,	being	duly sworn upon oath, says that the facts
stated	in the forego	oing are tru	e and c	correct.
			(2)	Margaret Cooper e, a Notary Public, this 13th day of
Sı	ubscribed and	d sworn to be	efore m	e, a Notary Public, this <u>13th</u> day of
Janu	My, 200	5.		Shari Lones

My Commission Expires:

March 24,2011

A Resident of

This Instrument Prepared By: Clyde D. Compton, Attorney at Law

8700 Broadway, Merry Vlotteia Sea 46410

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

Notary Public

County

135545