2005 045211

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2005 JUN - 2 PH 1: 17

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MICHAEL A. ERDYAN (PECCHAL)

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

Talesha Sandidge

Patient:

Talesha Sandidge 4924 Adams Street

Gary, IN 46408

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

Attorney: I. Peter Polansky

77 West Wacker Dr., Ste 4025

Chicago, IL 60601

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:

The patient was admitted to the hospital on April 25 , 2005

and was discharged from the hospital on April 25 2005

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One Thousand Five Hundred Sixty Six and 00/100 1,566.00) 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.

STATE OF INDIANA) COUNTY OF LAKE)	(1) BY: Margaret Cooper Margaret Cooper
Margaret Cooper Hospitals, Inc., being duly foregoing are true and correct	_, being a <u>Patient Representative</u> for The Methodist sworn upon oath, says that the facts stated in the
Subscribed and sworn to	(2) Margaret Cooper before me, a Notary Public, this day of
My Commission Expires:	A Resident of She County
This Instrument Prepared By:	Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410