STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2005 046202

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MICHAEL A. BROWN RECORDER

654173087

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

Anissia Kennedy

Patient:

Anissia Kennedy

876 W. 65th Lane
Merrillville, IN 46410

Attorney: Schlyer & Associates

200 W. 80th Place

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:

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 above and that the facts and matters set forth in the foregoing statement are true and correct.

THE METHODIST HOSPITALS, INC.

| STATE OF INDIANA | )<br>) ss:<br>) | (1) | BY: Margaret Cooper  Margaret Cooper |
|------------------|-----------------|-----|--------------------------------------|
|                  |                 |     |                                      |

Margaret Cooper , 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.

Margaret Cooper Subscribed and sworn to before me, a Notary Public, this \_\_\_\_ day of may , 2005.

My Commission Expires:

Dang Strell

Notary Public

A Resident of Lake

\_\_\_\_ County

March 24, 2008

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