STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2005 046207

2005 JUN -6 PM 1: 19

MICHAEL A BROWN RECORDER

Acct 654183383

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient: Vintreese J. Mobley

2455 Jennings St.

Vintreese J. Mobley

Gary, IN 46404

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

Attorney: Jeffery Oliveira

101 E 90th Dr. 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:

The patient was admitted to the hospital on March 01 , 2005 and was discharged from the hospital on March 01 der 2005

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One Thousand Two Hundred Eighty-Five (\$ 1,285.00) 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)	(1) BY: <u>(Ingle JuRich</u> Angle fjukich
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COUNTY OF LAKE)	
Angie Djukich Hospitals, Inc., being du foregoing are true and cor	, being a <u>Patient Representative</u> for The Methodist ly sworn upon oath, says that the facts stated in the rect.
	(2) <u>Angle Gurch</u> Angle Ojukich
Subscribed and sworn , 2005.	to before me, a Notary Public, this day of
9	DOUG SOLAR
My Commission Expires:	Notary Public
3.24.08	A Resident of County
This Instrument Prepared By	7: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410

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