STATE OF INDIANA AKE COUNTY FILED FOR RECORD

2005 046694

2005 JUN -7 PM 1:13

Acct 335191441 335324620 MICHAEL A. ESONOV RECORDED

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient: Corneluis R. McClendon
Corneluis R. McClendon
1020 Moss St.

Hammond, IN 46323

Attorney: Jeffery Oliveira

101 E 90th Dr. 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:

- The patient was admitted to the hospital on January 17 , 2005 and was discharged from the hospital on Mapril 21 der 2005
- 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)) ss: COUNTY OF LAKE) | (1) BY: <u>Angue QuR wh</u> Angue Djuklich |
| Angie Djukich | _, being a <u>Patient Representative</u> for The Methodist sworn upon oath, says that the facts stated in the |
| foregoing are true and correct | et. |
| | (2) <u>Angle Djukich</u> |
| Subscribed and sworn to | before me, a Notary Public, this |
| My Commission Expires: | Notary Public |
| 3/24/2008 | A Resident of Lake County |
| This Instrument Prepared By: | Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410 |