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Hodges & Dawls A. C. BROWN 8700 Broadway, Merrillville, IN 46410

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Mary B. Punak Mary B. Punak 1101 West Lincoln Hwy Schererville, IN 46375	Attorney:	
Lake Coun 2293 Nort	of Lake County, Indiana ty Government Center h Main Street nt, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204	
Street, G	charges for hospital care, s follows:	THE METHODIST HOSPITALS, INC., 600 Gr nold a Hospital Lien for all reasonable treatment or maintenance of the above lis	anc
above hosp	ischarged from the hospital The amount due for hospita	the hospital on May 3 rd , 2005 on May 3 rd , 2005 l care, treatment or maintenance during the d three hundred seventy six 00/100	- ie
3. legal rep	To the best of the Hospita resentative claims that the e for damages arising from	l's knowledge, the patient or the patient' following named individuals and/or entit the patient's illness or injury causing	ies
located, discharged instrument hereby st	the Office of the Recorder within one hundred and of from the Hospital. It, having been duly sworn ates that the facts and matter	of the County in which the Hospital eighty (180) days after the patient the undersigned individual executing the undersigned the penalties of perjunds to hold the Hospital Lien as described set forth in the foregoing statement and the set forth in the set f	is was his ry,
		THE METHODIST HOSPITALS, INC.	
STATE OF I) ss:	BY: Slycia Smith	
Inc., being true and co	orrect.	Representative for The Methodist Hospitals that the facts stated in the foregoing a	ls, are
Subso	(2) cribed and sworn to before m	Alycia Smith	
U	ion Expires:	A Resident of Save County	ļ,
March This Instr	24. 2011 ument Prepared By: Clyde D.	A Resident of County Compton, Attorney at Law	286

8700 Broadway, Merrillville, IN 46410