

Acct. # 654095660; 335154506

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Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Annie D. Darby Annie D. Darby TO: Patient: 6770 Birch Place Gary, IN 46403

Attorney: RHB Attorneys at Law

20 North Clark St.; Suite 1700

Chicago, IL 60602

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: NOT OFFICIAL!

1. The patient was admitted to the hospital on November 23 , 2004 and was discharged from the hospital on December 20 , 2004

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Two Thousand Four Hundred Ninety Dollars 00/100 (\$ 2,490.00

2,490.00 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 above and that the facts and matters set forth in the foregoing statement are true and correct.

THE METHODIST HOSPITALS, INC. (1) STATE OF INDIANA CHEVELLE SMITH ) ss: COUNTY OF LAKE I, <u>CHEVELLE SMITH</u>, 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. (2) CHEVELLE SMITH Subscribed and sworn to before me, a Notary Public, this \_\_\_\_, 2005. Commission Expires: A Resident of Marin 24,2011 This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville. IN 46410

> JESSICA TORRES Resident of Lake County, IN

My commission expires

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