STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

Acct. # 355279183

2005 048162

2005 JUN 10 PH 1: 14

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Karen Hopkins	3.4.4. a.
		Attorney:
•	4569 Lincoln St.	
•	Gary, IN 46408	11-7-9 Tables 1
-		191(\$40.6 m.)
Recorder o	f Lake County, Indiana	Indiana Department of Insurance
	y Government Center	311 W. Washington Street
	Main Street	Suite 300
Crown Poin	t, Indiana 46307	Indianapolis, Indiana 46204
	•	F
Street, Ga necessary opatient as 1. and was dis	ry, IN 46402, intends charges for hospital of follows: The patient was admit scharged from the hosp	that THE METHODIST HOSPITALS, INC., 600 Grant to hold a Hospital Lien for all reasonable and care, treatment or maintenance of the above listed to the hospital on December 15 , 2004 pital on December 16 , 2004
2.		spital care, treatment or maintenance during the
	italizat <mark>ion is Six Hu</mark>	undred Eighty Two Dollars 00/100
(<u>\$ 682</u>	.00 Dollars.	
	esentative claims that for damages arising	espital's knowledge, the patient or the patient's the following named individuals and/or entities from the patient's illness or injury causing the
This	Lien is being filed n	ursuant to the Hospital Lien Law, I.C. Section 32-
33-4 in the located, with discharged instrument, hereby sta	he Office of the Rewithin one hundred from the Hospital, having been duly stes that the Hospital that the facts and metals.	corder of the County in which the Hospital is and eighty (180) days after the patient was. The undersigned individual executing this worn upon oath, under the penalties of perjury, intends to hold the Hospital Lien as described matters set forth in the foregoing statement are
STATE OF I) ss:	(1) BY: CHEVELLE SMITH
Methodist I	HEVELLE SMITH Hospitals, Inc., being egoing are true and co	, being a <u>Patient Representative</u> for The g duly sworn upon oath, says that the facts stated errect.
		(2)
		CHEVELLE SMITH
Subsc	ribed and sworn to be	fore me, a Notary Public, this 3 day of
May	, 2005.	
	•	Janach To Schron
My Commiss:	ion Expires:	Notary Public 28
March	24.2011	A Resident of Jake County
This Instru		de D. Compton, Attorney at Law
	870	DO Broadway, Merrillville IND464159al JESSICA TORRES Resident of Lake County, IN My commission expires March 24, 2011

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