STATE OF INDIANA TAKE COUNTY FILED FOR RECORD

2005 049395_{To:}

2005 July 15 PM 2 57 Hodges & Davis, P.C.

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

TO: Patient:	SYLVIA M. GREEN	_
racient:	SYLVIA M. GREEN 621 S. WELL STREET	Attorney:
Recorder o	GARY, IN 46403	
Lake Count	of Lake County, Indiana Ty Government Center	Indiana Department of Insurance
2293 North Main Street Crown Point, Indiana 46307		311 W. Washington Street Suite 300
crown Poin	it, Indiana 46307	Indianapolis, Indiana 46204
	charges for hospital care	at THE METHODIST HOSPITALS, INC., 600 Grant by hold a Hospital Lien for all reasonable and treatment or maintenance of the above listed
2. above hosp	The amount due for hospitalization is ONE THO	DUSAND SIX HUNDRED FORTY SIX 00/100
3. legal repreare liable hospital st	for damages arising from	cal's knowledge, the patient or the patient's e following named individuals and/or entities the patient's illness or injury causing the
located, we discharged instrument, hereby star above and true and construction of the country of L	within one hundred and from the Hospital. having been duly sworn tes that the Hospital in that the facts and matter errect. DIANA) ss: AKE)	PATRICE TAYLOR
of rearby	re true and correct.	a Patient Representative for The Methodist apon oath, says that the facts stated in the
My Commission Much 24	, 2005. On Expires: 4 2011	PATRICE TAYLOR me, a Notary Public, this 51 day of A Resident of Notary Public County Compton, Attorney at Law Padway, Merrillyille, IN 46410
	8700 Bro	padway, Merrillville, IN 46410 \mathcal{M}

