STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2005 049407

2005 JUN 15 PX 12: 57

Acct 335276374

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

TO: Patient:	Artie Taylor Artie Taylor		
racient.		Attorney: Robert Vegter	
	4120 W. 20th Pl	100 E 90th Dr.	
	Gary, IN 46404	Merrillville, IN 46410	
Recorder o	of Lake County, Indiana	Indiana Department of Insurance	
Lake County Government Center		311 W. Washington Street	
2293 North Main Street		Suite 300	
Crown Point, Indiana 46307			
OZOWII IOZII	.c, indiana 40307	Indianapolis, Indiana 46204	
You	are hereby notified t	hat 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:			
1	This Doon	ment is the property of	
1. The patient was admitted to the hospital on March 15 , 2005			
and was discharged from the hospital conntaprile2rder 2005.  The amount due for hospital care treatment or maintenance during the second secon			
the same and for hoppical care, creatilent of maintaine diring the			
above hospitalization is Six Thousand One Hundred Twenty-Eight  (\$ 6,128.00 ) Dollars.			
3.	To the best of the Hose	oital/a knowledge the matter	
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:			
1100 P 1 0 0 1 5	cay.		
This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-			
33-4 in t	33-4 in the Office of the Recorder of the County in which the Hospital is		
located, within one hundred and eighter (190) the country 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 co	erroct	tters set forth in the foregoing statement are	
crue and co	Jilect.		
		THE METHODIST HOSPITALS, INC.	
	,	1) BY: angio Durech	
STATE OF IN	DIANA )	1) BY: <u>Angie Purch</u> Angie Mukich	
	) ss:	O'Aligie Warten	
COUNTY OF I			
A1	ngie Djukich, be	ing a <u>Patient Representative</u> for The Methodist	
mospitals, inc., being duly sworn upon oath, says that the facts stated in the			
Ioregoing a	are true and correct.		
	,	a) Angli Outret	
	(,	2) <u>Angie Djukich</u> The me, a Notary Public this	
Subsci	ribed and sworn to hefor	re me, a Notary Public, this day of	
- Foran	, 2005.	day of	
O		Dancy Daraw	
My Commissi	on Expires:	Notary Public	
March 2	4 2009	A Resident of Lake County	
March 2 This Instru	ment Prepared Pro Close	$\sim$ 193	
	rrobated by: Cryde	D. Compton, Attorney at Law	

8700 Broadway, Merrillville, IN 46410