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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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Hodges & Davis P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN Marshallette Chase Patient: Marshallette Chase Attorney: 1753 Pierce Street Gary, IN 46407 Recorder 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 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: The patient was admitted to the hospital on December 30th and was discharged from the hospital on December 30th, 2004

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One thousand five hundred ninety five 00/100 __) 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 true and correct. THE METHODIST HOSPITALS, INC. (1)STATE OF INDIANA Alycia Smith COUNTY OF LAKE Alycia Smith , being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. lyca Alycia Smith Subscribed and sworn to before me, a Notary Public, this day of ne , 2005. Commission Expires: Resident of County S Instrument Prepared By: Clyde D. Compton, Attorney at Law

8700 Broadway, Merrillville, IN 46410

Official Seal JESSICA TORRES

Resident of Lake County, IN My commission expires March 24, 2011