

2.

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 018008

2006 MAR -3 AM 11:18

Return To: Hodges & Davis MICHAEL A. BROWN  
8700 Broadway, Merrillville, IN 46410

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

TO: BETH A JOHNSON  
Patient: BETH A JOHNSON  
10628 SCHNEIDER PL.  
ST. JOHN, IN. 46373

Attorney: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

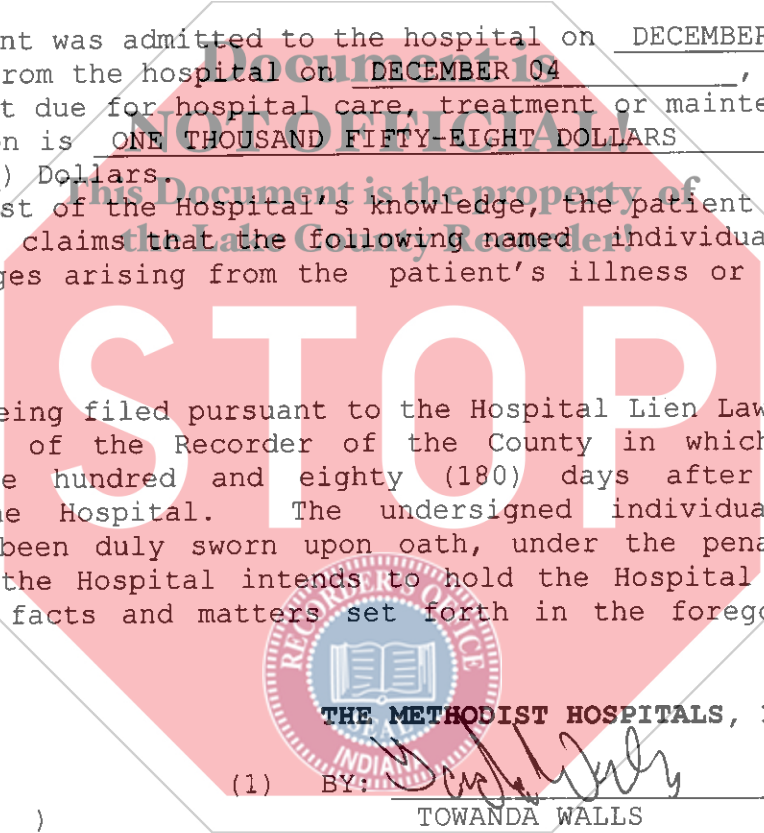
Recorder of Lake County, Indiana  
Lake County Government Center  
2293 North Main Street  
Crown Point, Indiana 46307

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:

1. The patient was admitted to the hospital on DECEMBER 04, 2005 and was discharged from the hospital on DECEMBER 04, 2005.
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is ONE THOUSAND FIFTY-EIGHT DOLLARS 00/100 (\$ 1058.00) 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 true and correct.



THE METHODIST HOSPITALS, INC.

(1) BY: Towanda Walls  
TOWANDA WALLS

STATE OF INDIANA )  
                              ) ss:  
COUNTY OF LAKE )

I, TOWANDA WALLS, 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.

(2) Towanda Walls  
TOWANDA WALLS

Subscribed and sworn to before me, a Notary Public, this 7th day of February, 2006.

My Commission Expires: \_\_\_\_\_ Notary Public  
& Resident of Lake County

Jessica Torres

March 24, 2011

This Instrument Prepared By: Clyde D. Compton, Attorney at Law  
8700 Broadway, Merrillville, IN 46410

OK 12935  
12-  
C.D.



Prescribed by the  
State Board of Accounts  
(2005)

County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.



*Yvonne Wallis*  
Signature of Declarant

*Yvonne Wallis*  
Printed Name of Declarant

143069