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MICHAEL A. BROWN
RECORDER

Return To: Hodges & Davis, P.C.
8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: ANITA MONDIE
Patient: ANITA MONDIE
4285 W. 23RD AVENUE #42
GARY, IN 46404

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:

- The patient was admitted to the hospital on JANUARY 20TH, 2006 and was discharged from the hospital on JANUARY 20TH, 2006.
- The amount due for hospital care, treatment or maintenance during the above hospitalization is ONE THOUSAND FOUR HUNDRED THIRTYFIVE 00/100 (\$1,435.00) Dollars.
- 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: Twannia Coleman
STATE OF INDIANA)
) ss: TWANNIA COLEMAN
COUNTY OF LAKE)

I, TWANNIA COLEMAN, 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) Twannia Coleman
TWANNIA COLEMAN

Subscribed and sworn to before me, a Notary Public, this 24th day of February, 2006

My Commission Expires:

Jessica Torres
Notary Public
A Resident of Lake County

March 24, 2011
This Instrument Prepared By: Clyde D. Compton, Attorney at Law
8700 Broadway, Merrillville, IN 46410



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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.




Signature of Declarant

TWANNIA COLEMAN
Printed Name of Declarant 2/24/06

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