STATE OF INDIA P LAKE COUNTY FILED FOR RECORT

2006 074885

2006 AUG 25 PM 1: 20

MICHAEL A GROWN RECORDER

Official Seal

(SEAL)

Official Seal SHERRY C. FOUST Resident of Lake County, IN My commission expires October 10, 2013

Acct #100035134

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Rosa McCumber Rosa McCumber 755 Camelot Manor Portage, IN 46368	Attorney:
Lake Count 2293 North	of Lake County, Indiana y Government Center Main Street ut, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
IN 46402.	intends to hold a Hos	at THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, spital Lien for all reasonable and necessary charges for tenance of the above listed patient as follows:
2.	scharged from the hosp. The amount due for h	tted to the hospital on May 31, 2006 ital on May 31, 2006 ospital care, treatment or maintenance during the housand Four Hundred Thirty-Two
	32.00 Dollars To the best of the H	to Lake County Recorder or the patient's
legal repr liable for stay:	resentative claims tha	t the following named individuals and/or entities are the patient's illness or injury causing the hospital
the Office hundred ar undersigne the penalt	e of the Rec <mark>order of</mark> nd eighty (180) days a nd individual executing ties of perjury, hereb	the County in which the Hospital is located, within one ofter the patient was discharged from the Hospital. The this instrument, having been duly sworn upon oath, under y states that the Hospital intends to hold the Hospital hat the facts and matters set forth in the foregoing
STATE OF I	NDIANA)	(1) BY: Angle Djukich
COUNTY OF	LAKE)	
Hospitals,	ngie Djukich , Inc., being duly swor nd correct.	being a <u>Patient Representative</u> for The Methodist on upon oath, says that the facts stated in the foregoing
		(2) <u>Angle QuRich</u>
July	cribed and sworn to be	fore me, a Notary Public, this 27 day of Sherry C. fourt Notary Public
My Commiss	ion Expires:	Notary Public A Resident of Lake County
October 11	0, 2013	A Resident of Lake County
I affirm, each socia	under the penalties f l security number in t	or perjury that I have taken reasonable care to redact his occument, unless required by law.
This Instr	ument Prepared By:	Clyde D. Compton, Attorney at Law B 100 Broadway, Merrillville, IN 46410

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