Account: 200073453

2006 111107

Return To.

Hodges & Ďavis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

KRYSTINA SCOTT

COLE E. SCOTT Patient:

7317 INDEPENDENCE ST MERRILLVILLE, IN 46410 Attorney: RUBINO RUMAN

275 JOLIET ST, STE 330 DYER, IN 46311

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 JULY 5, 2006

and was discharged from the hospital on JULY 5, 2006

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is ONE THOUSAND TWO HUNDRED NINETY FOUR 00/100 (\$ 1,294.00) 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

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

THE METHODIST HOSPITALS, INC.

STATE OF INDIANA

) ss:

COUNTY OF LAKE

I MELISSA VASQUEZ , being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing

Official Sale Part Co

MELISSA

Subscribed and sworn to before me, a Notary Public, this

Wender, 2006.

My Commission Expires:

11703CD 24,2011

JESSICA TORRES
Resident Nof Notary Public

I affirm, under the penalties f_{r} I have taken reasonable care to redact y, that each social security number in this døcument, uhl required by law.

This Instrument Prepared By:

Clyde D. Compton, Attorney at Law. roadway, Merrillville, IN 46410

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