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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2007 APR -5 AMIL: 07

Return To:

Hodges & Davis, P.C. 8700 Broadway, Merril Mille, AIN 146410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patrick Sullivan Attorney: Lloyd Mullen Patrick Sullivan Patient: 8792 E Ridge Rd #C 2034 Meadow Ln Hobart, IN 46342 Schererville, IN 46375 Indiana Department of Insurance Recorder of Lake County, Indiana 311 W. Washington Street Lake County Government Center Suite 300 2293 North Main Street Indianapolis, Indiana 46204 Crown Point, Indiana 46307 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 March 08, 2007 and was discharged from the hospital on March 08, 2007 The amount due for hospital care, treatment or maintenance during the above hospitalization is Nine Hundred Seventy-Five

(\$ 975.00) 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 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 STATE OF INDIANA COUNTY OF LAKE , being a <u>Patient Representative</u> for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. Subscribed and sworn to before me, a Notary Pub rilanch 2007. Notary Public My Commission Expires: Resident County March 24,2011

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this adjument, unless required by law.

This Instrument Prepared By:

lyde O. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410

