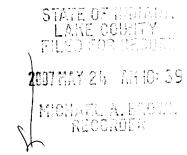
SHEILA BROOM SHEILA BROOM

TO:

Patient:

2007 042580



Return To:

Hodges & Davis, P.C.

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

Attorney: _

MERRILLVILLE, IN 46410	
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:	
above hospitalization isTWO THOUSAND ONE (\$ 2,108.00) Dollars. 3. To the best of the Hospital's legal representative claims that the foliable for damages arising from the pastay: This Lien is being filed pursuant the Office of the Recorder of the Count hundred and eighty (180) days after the undersigned individual executing this insthe penalties of perjury, hereby states	APRIL 12, 2007 are, treatment or maintenance during the
STATE OF INDIANA) COUNTY OF LAKE)	THE METHODIST HOSPITALS, INC. BY: MELISSA VASQUEZ
I MELISSA VASQUEZ , being Hospitals, Inc., being duly sworn upon of are true and correct.	g a <u>Patient Representative</u> for The Methodist th, says that the facts stated in the foregoing
I affirm, under the penalties for perjure each social security number in this document. This Instrument Prepared By:	A Resident of Mule County Notary Public County That I have taken reasonable care to reduct

