Account: 200175673



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207 J - 1 P. 2:07 Marine Land Control

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Hodges & Davis, P.C.

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

Recorder of Lake County, Indiana Lake County Government Center 2311 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 MAY 7, 2007 and was discharged from the hospital on MAY 8, 2007 2. The amount due for hospital on MAY 8, 2007 3. To the best of the Hospital a knowledge, the patient or the patient's legal representative claims that the following named individuals and/or entities are liable for damages ariding from the patient's lithless or injury causing the hospital stay: This Lien is being filed pursuant to the Hospital Lien Law 1.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 office 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: MANAGUEZ MELISSA VASQUEZ MELISSA V	Patient:	OSCAR L WILDER OSCAR L WILDER 4024 W 75 TH PLACE MERRILLVILLE, IN 46410	Attorney:		- - -
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 MAY 7, 2007 and was discharged from the hospital on MAY 9, 2007 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is NINE HOUSAND FIVE HUNDRED FIFTY ONE 20/100 (\$ 9,551.20) 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 lilness or injury causing the hospital stay: This Lien is being filed pursuant to the Hospital Lien Law, I.C. Bection 32-33-4 in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty (180) gays 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 MELISSA VASQUEZ Deing an Fatient Representative for The Methodist Hospitals, Inc. STATE OF INDIANA Subscribed and sworn to before me, a Mctary Public, this and day of public and the Hospital stay of the Hospitals of patients and the foregoing are true and correct. THE MELISSA VASQUEZ Deing an Fatient Representative for The Methodist Hospitals, Inc. A Besident of County Public County My Commission Expires: A Besident of County Public County A Besident of County Public Reach social security number in this focusent, makes required by law. This Instrument Prepared By: A 14603	Lake County 2293 North	Government Center Main Street	311 W. Wash Suite 300	ington Street	
2. The amount due for hospital on MAY 9, 2007 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is NIME (HOUSAND FIVE HUNDRED FIFTY ONE 20/100 (\$ 9,551.20) 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 lilness or injury causing the hospital stay: This Lien is being filed pursuant to the Hospital Lien Law, I.G. 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) ss: COUNTY OF LAKE I MELISSA VASQUEZ , being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, Hays that the facts stated in the foregoing are true and correct. 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, Hays that the facts stated in the foregoing are true and correct. A Resident of A Resident of A Resident of County MELISSA VASQUEZ A Resident of A Resident of County MELISSA VASQUEZ A Resident of A Resident of County This Instrument Prepared By: A Resident of A Resident of A Resident of County A Resident of A Resident of A Resident of County A Resident of A Resident of County A Resi	IN 46402,	intends to hold a Hospit	al Lien for all :	reasonable and necess	sary charges for
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 petient 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 METRODIST HOSPITALS, INC. BY: WELISA VASQUEZ THE METRODIST HOSPITALS, INC. BY: WELISA VASQUEZ THE METRODIST HOSPITALS, INC. BY: WELISA VASQUEZ MEDISA VASQUEZ A Resident of County This Instrument Prepared By: Liydy D. Compton, Attorney at Law MEDISA VASQUEZ Liydy D. Compton, Attorney at Law	and was dis 2. above hospi	scharged from the hospital The amount due for hospital talization is NINE THOUSE 1.20) Dollars.	l on MAY 9, 2007 ital care, treatme SAND FIVE HUNDRED	nt or maintenance dur FIFTY ONE 20/100	
the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty (180) days after the petient 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 statement are true and correct. THE METHODIST HOSPITALS, INC. STATE OF INDIANA) ss: COUNTY OF LAKE I MELISSA VASQUEZ , being a Fatient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, Hays that the facts stated in the foregoing are true and correct. (2) MELISSA VASQUEZ MELISSA VASQUEZ MELISSA VASQUEZ A Resident of County MELISSA VASQUEZ A Resident of County I affirm, under the penalties for prijury, that I have taken reasonable care to redact each social security number in this securent, naves required by law. This Instrument Prepared By: A Resident of Compton, Attorney at Law	legal repr	esentative claims that t	the following name	ed individuals and/	or entities are
THE METHODIST HOSPITALS, INC. STATE OF INDIANA STATE OF INDIANA SS: COUNTY OF LAKE I MELISSA VASQUEZ A being a Patient Representative for The Methodist foregoing are true and correct. (2) MELISSA VASQUEZ MELISSA VASQUEZ MELISSA VASQUEZ MELISSA VASQUEZ A Resident of County My Commission Expires: A Resident of County I affirm, under the penalties for printy, that I have taken reasonable care to redact each social security number in this occument, indess required by law. This Instrument Prepared By: I ydd P. Compton, Attorney at Law	the Office hundred and undersigned the penalt:	of the Recorder of the d eighty (180) days afte d individual executing th ies of perjury, hereby s	County in which ir the patient was is instrument, have tates that the Ho	the Hospital is local discharged from the ving been duly sworn ospital intends to he	ated, within one Hospital. The upon oath, under old the Hospital
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Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) MELISA VASQUEZ A Resident of Ounty I affirm, under the penalties for parjury, that I have taken reasonable care to redact each social security number in this focument, injess required by law. This Instrument Prepared By: (2) MELISA VASQUEZ A Resident of Ounty O) ss:		LLSON VANGULE VASQUEZ	
Subscribed and sworn to before me, a Notary Public, this day of A Resident of County I affirm, under the penalties for parjury, that I have taken reasonable care to redact each social security number in this focument, indess required by law. This Instrument Prepared By: A Resident of County	Hospitals,	Inc., being duly sworn a			
My Commission Expires: A Resident of County I affirm, under the penalties for parjury, that I have taken reasonable care to redact each social security number in this focument, unless required by law. This Instrument Prepared By: A Resident of County Out 14003 Clyde D. Compton, Attorney at Law	M. Subsc	cribed and sworn to before	MELISSA VAS	~ 1/2	of
This Instrument Prepared By: On 14003 Clayde D. Compton, Attorney at Law	My Commissi		A Resident		
	I affirm, each social	under the penalties for security number in this	parjury, that I h		
	This Instru	<u>-</u>			<u> </u>

Official Seal ANNETTE M. PEREZ Resident of Lake County, IN My commission expires August 28, 2014

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