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Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 200175773

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient: Mary Wroblewski Mary Wroblewski

31826 48th Circle SW Federal Way, Wa 98023

Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307

Attorney: Jon Schmoll

> 8396 Mississippi St. Merrillville, IN 46410

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 March 30, and was discharged from the hospital on May 09, 2007

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One Two Hundred twenty seven and the 23.22 t 40 ounty Repollars! 40/100

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 statement are true and correct.

THE METHODIST HOSPITALS, INC

STATE OF INDIANA

SS:

COUNTY OF LAKE

Representative for The Methodist being a <u>Patient</u> I Michelle Bishop Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. Muhill

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

(2)

<u>ne</u>, 2007.

mission Expires:

Public A Resident of

I affirm, under the penalties for each social security number in th

have taken reasonable care to redact ss required by law.

This Instrument Prepared By:

Compton, Attorney at Law badway, Merrillville, IN 46410

UK 14035

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

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