2007 JUN 20 AMIL: 49

2007 051454

Michael Andre

Return To:

SHANTE R. WILLIAMSON

Patient: DAKARI FOSTER

Hodges & Davis, P.C.

Attorney:

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

811 A GLISSON RD PARIS, TN 38242	
FAN15, IN 30242	
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:	
the Office of the Recorder of the County in a hundred and eighty (180) days after the patient undersigned individual executing this instrument the penalties of perjury, hereby states that Lien as described above and that the facts statement are true and correct.	reatment or maintenance during the LARS AND 00/100 edge, the patient or the patient's g named individuals and/or entities are s illness or injury causing the hospital Hospital Lien Law, I.C. Section 32-33-4 in which the Hospital is located, within one nt was discharged from the Hospital. The t, having been duly sworn upon oath, under the Hospital intends to hold the Hospital
Methodist Hospitals, Inc., being duly sworn upon foregoing are true and correct. (2) Subscribed and sworn to before me, a Notation, 2007. My Commission Expires: A Result of the penalties for perjury, the each social security number in this focument, where the social security number in this focument, where the social security number in this focument, where the social security number in this focument.	DIAN HALL ry Public, this /2 day of Notary Public County At I have taken reasonable care to reduct.



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