

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 052173

2007 JUN 27 AM 9:04

MICHAEL A. BROWN
RECORDER

100119427

Return To: Hodges & Davis, P.C.
8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Ashley Conner
Patient: Ashley Conner
2720 W 49th Ave
Hobart, IN 46342

Attorney: _____

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:

1. The patient was admitted to the hospital on June 08, 2007
and was discharged from the hospital on June 08, 2007

2. The amount due for hospital care, treatment or maintenance during the
above hospitalization is Twelve Thousand Eighty Three and 00/100
(\$ 12083.00) 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
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 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)

(1) BY: Angie Djukich
 Angie Djukich

I Angie Djukich, being a Patient Representative for The Methodist
Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing
are true and correct.

(2) Angie Djukich
 Angie Djukich

Subscribed and sworn to before me, a Notary Public, this 13 day of
June, 2007.

My Commission Expires:

October 10, 2013

Sherry C Foust
Notary Public
A Resident of LAKE County

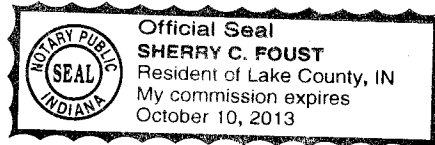
I affirm, under the penalties for perjury, that I have taken reasonable care to redact
each social security number in this document, unless required by law.

This Instrument Prepared By:

Clyde D. Compton
Clyde D. Compton, Attorney at Law
8700 Broadway, Merrillville, IN 46410

Bill Cr# 11009

CA



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