STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2007 056661

2007 JUL 12 AM 10: 36

MICHAEL A. BROWN
RECORDER

100117147

Return To:

Hodges & Davis, P.C.

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

TO: Linda Taylor Patient: Linda Taylor 5802 Kennedy Terrace Gary, IN 46403 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 May 30, 2007 and was discharged from the hospital on May 30, 2007. 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One Thousand Nine Hundred Thirty-One (\$ 1,931.00) 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.
STATE OF INDIANA) ss: COUNTY OF LAKE) THE METHODIST HOSPITALS, INC. (1) BY: Mangie Plukich
I Angle 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) Angle Djukich
Subscribed and sworn to before me, a Notary Public this U/9 day of June , 2007.
My Commission Expires: A Resident of Lake County County
I affirm, under the penalties for perfury, that I have taken reasonable care to redact each social security number in this accument, unless required by law.
This Instrument Prepared By: Clyde D. Compton, Astorney at Law 6700 Frondway, Merrillville, IN 46410
Official Seal SHERRY C. FOUST Resident of Lake County, IN My commission expires October 10, 2013