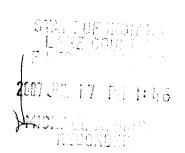
2007 058122

Mary Parks
Mary Parks



200162601

Patient:

TO:

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

1330 East Lincoln Ave. Lowell, IN 46356	
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 hundred and eighty (180) days after the patie 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. THE M STATE OF INDIANA I Michelle Bishop, being a Pathospitals, Inc., being duly sworn upon oath, sare true and correct. Subscribed and sworn to before me, a Nota 2007. My Commission Expires:	reatment or maintenance during the ndred Sixty Two and 00/100 edge, the patient or the patient's are in named individuals and/or entities are in lines 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 nt, having been duly sworn upon oath, under the Hospital intends to hold the Hospital and matters set forth in the foregoing ETHODIST HOSPITALS, INC. Michelle Bishop Michelle Bishop
This Instrument Prepared By: Clyde D. Compto	on, Attorney at Law Merrillville, IN 46410

