STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2007 080354

2001 OCT -9 AM 9: 59

MICHAEL A. BROWN RECORDER

Account #100138216

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	CLEDA MCILVAIN		
Patient:	CLEDA MCILVAIN	Attorney:	
	314 S 21 ST STREET		
	CHESTERTON, IN 46304		
Lake County 2293 North	f Lake County, Indiana y Government Center Main Street t, 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:			
	scharged from the hosp	ital on SEPTEMBER 2, 2007	
-		ospital care, treatment or maintenance during the THOUSAND EIGHT HUNDRED THIRTY EIGHT AND 00/100	
3. legal repr	To the best of the H	ospital's knowledge, the patient or the patient's the following named individuals and/or entities are	
stay:	NU	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.			
		THE METHODIST HOSPITALS, INC.	
STATE OF I) ss:	(1) BY: ANGIE DJUKICH JURICH	
I ANGI	E DJUKICH , being	a Patient Representative for The Methodist Hospitals,	
Inc., bein	g duly sworn upon oat	h, says that the facts stated in the foregoing are true	
		(2) Ingre Djuktch	
	cribed and sworn to be	fore me, a Notary Public, this 18 day of	
My Commiss	ion Expires:	A Resident of Rank County	
march à	DV, 2011		
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this decument, unless required by law.			
This Instr	ument Prepared By:	Alyde D. Compton, Attorney at Law 3700 Bloadway, Merrillville, IN 46410	
		Broadway, Merrillville, IN 46410	
		Official Seal	