STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

## 2007 097335

2007 DEC 12 PM 1: 27

MICHAEL A. BROWN RECORDER

100156549

TO:

Return To:

Jillian Rhoades

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Jillian Rhoades	Attorney:	
	3808 Alabama St		
	Gary, IN 46408		
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	Indiana Departm 311 W. Washingt Suite 300 Indianapolis, I	
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:			
above hospi (\$ 3, 3.	charged from the hospital The amount due for hospitalization is Three Thou 718.00 ) Dollars. To the best of the Hospitalizative claims that the	tal's knowledge, the patien he following named indiv:	tenance during the  t or the patient's iduals and/or entities are
liable for damages arising from the patient's illness or injury causing the hospital stay:			
This the Office hundred and undersigned the penalti	of the Recorder of the eighty (180) days after individual executing the estimates of perjury, hereby s	County in which the Hospiter the patient was discharged is instrument, having been of tates that the Hospital in the facts and matters so	duly sworn upon oath, under tends to hold the Hospital et forth in the foregoing
STATE OF IN	) ss:	(1) BY: Angue Dj	uidch
Hospitals,	Inc., being duly sworn u	pon oath, says that the fac	tative for The Methodist cts stated in the foregoing
Decomber		e me, a Notary Public, this	
My Commissi	on Expires:	E SEAL OF ST	Notary Public
manch	24,2011_	A Resident of Lake	County
	under the penalties for security number in this	poffjury, that I have taken Accument, unless required b	reasonable care to redact by law.
This Instru	nment Prepared By:	Harry	<u>Ch 14</u> 435
	201y	de D Compton, Attorney at I Broadway, Merrillville, IN	
		SEAL	Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011