STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2008 016215

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

2008 MAR -5 PM 1:41

200237584

MICHAEL A. BROWN RECORDER

LISA STONE

Resident of Lake County, IN My commission expires March 24, 2011

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

TO: Joy Hemphill Attorney: Patient: Joy Hemphill 518 Belden Dr Dyer, IN 46311 Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 311 W. Washington Street Suite 300 2293 North Main Street Indianapolis, Indiana 46204 Crown Point, Indiana 46307 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 patient was admitted to the hospital on November 21, 2007 and was discharged from the hospital on November 21, 2007 The amount due for hospital care, treatment or maintenance during the above hospitalization is One Thousand Two Hundred Forty-Seven (\$ 1,247.00) 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 This Lien is being filed 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 path, 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 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. Notary Pub Subscribed and sworn to before me, a 2008 Notary Public My Commission Expires: Resident of County March 24, 2011 I have taken reasonable care to redact I affirm, under the penalties ess required by law. each social security number in the This Instrument Prepared By: Compton, Attorney at Law oadway, Merrillville, IN 46410 Official Seal