STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2008 016216

2008 MAR -5 PM 1:41

100169810

Patient:

MICHAEL A. BROWN RECORDER

Return To:

Torrence E. Tidwell

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

Patient:	Torrence E. Tidwell 4139 Monroe	Attorney:
	Gary, IN 46408	
ake County 2293 North Crown Point	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
IN 46402	intends to hold a Hosp:	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, tal Lien for all reasonable and necessary charges for nance of the above listed patient as follows:
2. above hosp. (\$\frac{\\$}{3}\$. legal repristay: This the Office hundred and undersigne the penalt Lien as \$\frac{\}{0}\$.	The amount due for hos italization is Seven Hu 18.00 Dollars. To the best of the Hos esentative claims that damages arising from Lien is being filed pure of the Recorder of the deighty (180) days affect its of perjury, hereby described above and the	al on January 28, 2008 pital care, treatment or maintenance during the ndred Eighteen pital's knowledge, the patient or the patient's the following named individuals and/or entities are patient's illness or injury causing the hospital resuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within one car the patient was discharged from the Hospital. The chis instrument, having been duly sworn upon oath, under states that the Hospital intends to hold the Hospital at 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 Djakich
Hospitals, are true a	nd correct.	being a Patient Representative for The Methodist upon oath, says that the facts stated in the foregoing (2) Angle Djukich ore me, a Notary Public, this SM day of
<u> Februar</u>	<u>uj</u> , 2008.	Riva Stone
My Commiss	sion Expires:	Notary Public A Resident of Lake County
March	24, 3011	
	under the penalties fo al security number in the	s downers, unless required by law.
This Instr	rument Prepared By:	Ade D. Compton, Attorney at Law 700 Broadway, Merrillville, IN 46410
		KYI\
		Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011