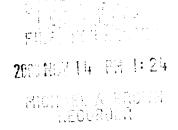
2008 078031



Acct#200332195

 $\sqrt{}$

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Linda M. Roark
Patient: Linda M. Roark

Linda M. Roark

4185 Broadway

Attorney: Kopack & Associates
9111 Broadway Suite GG

Gary, IN 46409 Merrillville, IN 46410

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:

	1.	The pat:	ient was	s admitted	to	the hos	spital c	on_Septemb	er 18,	2008	
and	was d	lischarged :	from the	e hospital	on	Septe	ember 19	2008			
	2.	The amou	int due	for hospi	tal	care, t	reatmen	nt or main	tenance	during	the
- 1	h	+li+i	on in A	on though	nd n	ine hur	dred	thirty	nine dol	lars ar	nd 10

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 stay:

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.

STATE OF INDIANA

)
STATE OF LAKE

THE METHODIST HOSPITALS, INC.

(1)

BY:

Milica Trosper

I Milica Trosper , being a <u>Patient Representative</u> for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

Subscribed and sworn to before me, a Notary Public, this day of

March 24, 2011

A Resident of Salve County

I affirm, under the penalties for perfury, that I have taken reasonable care to redact each social security number in this degument, unless required by law.

This Instrument Prepared By:

Olyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410