TO:

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MICHAEL A PROVIN RECORECE

Return To:

Sandra Barnes

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

| Patient: | Sandra Barnes | Attorney: | |
|---|--|--|--|
| | 3955 Jackson Street | | |
| | Gary, IN 46408 | | |
| Lake County 2293 North | Lake County, Indiana Government Center Main Street , Indiana 46307 | 311 W. Was Suite 300 | epartment of Insurance chington Street is, Indiana 46204 |
| IN 46402, | are hereby notified that 'intends to hold a Hospitare, treatment or maintena | al Lien for all reaso | S, INC., 600 Grant Street, Gary, mable and necessary charges for ed patient as follows: |
| above hospi (\$ 99 3. legal repressible for stay: | talization is Nine hundred 18.00) Dollars. To the best of the Hospi esentative claims that the damages arising from the second control of the second con | on August 31, 2006 tal care, treatment of the number of th | maintenance during the 0/100 catient or the patient's individuals and/or entities are or injury causing the hospital |
| the Office hundred and undersigned the penalt. Lien as de | of the Recorder of the d eighty (180) days afte d individual executing the ies of perjury, hereby s | County in which the r the patient was dis is instrument, having tates that the Hospit the facts and matter than the METHODIST HOLD A | |
| STATE OF IN |) s s: | (1) BY: <u>folance</u> yolanda R | a Jumpson Simpson |
| | Inc., being duly sworn u | pon oath, says that t (2) Jolanda | he facts stated in the foregoing Impath Sympson |
| Octobe | cribed and sworn to before 7 , 2008. | e me, a Novary Public, | this <u>281</u> day of |
| _ | ion Expires: | A Resident of _ | Notary Public County |
| 17 Kic | h 24,3011 | | |
| | under the penalties for l security number in this | | taken reasonable care to redact ired by law. |
| This Instru | ument Prepared By: Clyd | de D. Compton, Attorne Broadway, Merrillvil | |
| | | | Official Seal LISA STONE Resident of Lake County, IN My commission expires March 24, 2011 |