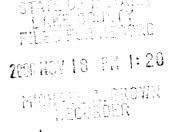
2008 078737



## Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Brad Smith Brad Smith 4540 E 6th Ave Gary, IN 46403	Attorney:		- - -
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 V Suite	ana Department of Insura W. Washington Street e 300 anapolis, Indiana 46204	ance
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 (\$ 88 3. legal representations)	charged from the hospit The amount due for hos talization is Eight hu 7.00 Dollars.	al on <u>September</u> pital care, treatmented eighty seven ake County Recepital's knowledge, the following name	ent or maintenance duri- and 00/100 order the patient or the pat med individuals and/o	ng the ient's r entities are
the Office hundred and undersigned the penalt: Lien as de	Lien is being filed pur of the Recorder of the deighty (180) days afted individual executing the described above and the are true and correct.	e County in which er the patient wa his instrument, has states that the Et the facts and	the Hospital is located as discharged from the leving been duly sworn upper to hole matters set forth in	ed, within one Hospital. The pon oath, under d the Hospital
STATE OF IN	IDIANA )	(1) BY: You	ist Hospitals, INC  anda Simpson  nda R. Simpson	
COUNTY OF LAKE				
Hospitals, are true ar		upon oath, says t  (2) Jolas	nda Simpson	n the foregoing
Subscribed and sworn to before me, a Notary Public, this 1014 day of 1014 July 2008.  Subscribed and sworn to before me, a Notary Public, this 1014 day of 1014 da				
My Commissi	on Expires:		of Sale Notary P	ublic
March	24, 2011_	A Resident	01 00	arrey
I affirm, under the penalties for parjury, that I have taken reasonable care to redact each social security number in this accument, whiles required by law.				
This Instru	ument Prepared By:		torney at Law llville, IN 46410	11-PB
			Official Seal LISA STONE Resident of Lak My commission March 24, 2011	expires