STATE OF YOUR NA LANE DOWNTY FRED FOR LIBORD

2008 078739

200E NOV 18 PH 1: 20

MICHAEL A BROWN NECORDER

#200331974, 200331038

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: TASHA PALMER Patient: TASHA PALMER Attorney: 8400 BURR ST CROWN POINT, IN 46307

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 patient was admitted to the hospital on SEPTEMBER 15, 2008.

and was discharged from the hospital on SEPTEMBER 18, 2008.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is TWO THOUSAND FIFTY-FIVE 00/100 perty of (\$ 2,055.00

2,055.00 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 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 parallice of parallice. 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

I MELISSA VASQUEZ , 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.

(2) MELISSA Subscribed and sworn to before me, a Notary Public, this

Y/00401 ber, 2008.

My Commission Expires:

March 24,2011

A Resident of

Notary Public _ County

I affirm, under the penalties for each social security number in thi

that I have taken reasonable care to redact undess required by law.

This Instrument Prepared By:

I. Compton, Attorney at Law oadway, Merrillville, IN 46410

> Official Seal LISA STONE
> Resident of Lake County, IN
> My commission expires March 24, 2011