2009 024126

Acct#100249737

Return To: Hodges & Davis, P.C.
              8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Keandri S. Talley
Patient: Keandri S. Talley   **Attorney:** _____
               1273 Aetna St   _____
               Gary, IN 46403   _____

Recorder of Lake County, Indiana   Indiana Department of Insurance
Lake County Government Center   311 W. Washington Street
2293 North Main Street   Suite 300
Crown Point, Indiana 46307   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 February 19, 2009
and was discharged from the hospital on February 19, 2009.
    2.   The amount due for hospital care, treatment or maintenance during the
above hospitalization is Nine hundred and sixty six dollars and 00/100
($ 966.00) 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
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.

                                   THE METHODIST HOSPITALS, INC.

                          (1)   BY: _Milica Trosper_
                                      Milica Trosper
STATE OF INDIANA   )
) ss:
COUNTY OF LAKE   )

    I_Milica Trosper_, being a Patient Representative for The Methodist
Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing
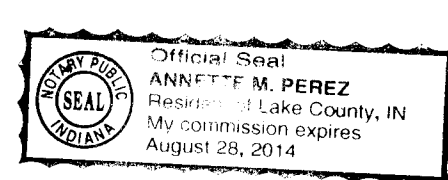are true and correct.

                          (2)   _Milica Trosper_
                                 Milica Trosper

Subscribed and sworn to before me, a Notary Public, this 27 day of
March, 2009.

My Commission Expires: _Annette M. Perez_
August 28, 2014   Notary Public
                                              A Resident of _Lake_ County

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

This Instrument Prepared By: _____   CK 15399
                             Clyde D. Compton, Attorney at Law   11-
                             8700 Broadway, Merrillville, IN 46410   RN

Official Seal
ANNETTE M. PEREZ
Resident of Lake County, IN
My commission expires
August 28, 2014

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