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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MICHELLEIR, FAJMAN RECORDER

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Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

WONDA R RICHARDSON TO: Patient: WONDA R RICHARDSON Attorney: 327 WILSON ST GARY, IN 46404 Recorder of Lake County, Indiana Indiana Department of Insurance 311 W. Washington Street Lake County Government Center Suite 300 2293 North Main Street 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 DECEMBER 19, 2009 and was discharged from the hospital on DECEMBER 19, 2009.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is ONE THOUSAND ONE HUNDRED NINETY-THREE 50/100 (\$ 1,193.50 Dollars. To the best of the Acspital'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 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 COUNTY OF LAKE I MELISSA VASQUEZ , 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) MELISSA iped and sworn to before me, a Notagy Public, WW 2010. ssion Expires:

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

This Instrument Prepared By:

Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410

Official Saal
ANNSTTF M. PEREZ
Resident of Lake County, IN
My Lor mission expires
August 28, 2014