STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN TO: Ruth A Scott Patient: Ruth A Scott Attorney: 101 Western Ave #301A Fond Du Lac, WI 54935 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 21, 2011 and was discharged from the hospital on February 24, 2011

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Thirty Thousand One Hundred Fifty-Two and 25/100 (\$ 30,152.25 ) 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 penalties of perjury, hereby states that the Hospital intends to hold the Hospital statement are true and correct. THE METHODIST HOSPITALS, INC. STATE OF INDIANA Angle Djukich COUNTY OF LAKE being a Patient Representative for The Methodist Angie Djukich Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing (2)Subscribed and sworn to before me, a Notary Public, うひつの My Commission Expires: Notary Public A Resident of \_ Lake March 24, 2011 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: Earle F. Hites, Attorney at Law

8700 Broadway, Merrillville, IN 46410

AMOUNT \$ CASH. CHECK# **OVERAGE** COPY. NON-COM CLERK.

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