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Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: TASHA COAXUM TASHA COAXUM Attorney: Patient: 1828 N MANSARD BLVD APT 2B GRIFFITH, IN 46319 Indiana Department of Insurance Recorder of Lake County, Indiana 311 W. Washington Street Lake County Government Center 2293 North Main Street Suite 300 Indianapolis, Indiana 46204 Crown Point, Indiana 46307 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: The patient was admitted to the hospital on JANUARY 3, 2011. and was discharged from the hospital on FEBRUARY 25, 2011.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is ONE THOUSAND NINE HUNDRED THIRTY-ONE 00/100 1,931.00) pollars Document is the property of 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 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 being a Patient Representative for The Methodist I MELISSA VASQUEZ Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. Subscribed and sworn to before me, a Notary Public, this _ 1211. Notary Public County Commission Expires: A Resident of I affirm, under the penalties for periory, that I have taken reasonable care to redact each social security number in this document, unless required by law.

This Instrument Prepared By:

CLERK_

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

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SEAL

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

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