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Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

LINDA ESCOBEDO TO: LINDA ESCOBEDO Patient: Attorney: 410 W. 13TH AVE GARY, IN 46407 Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 311 W. Washington Street 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 July 05, 2011
and was discharged from the hospital on July 05, 2011.

2. The amount due for hospital care, treatment or maintenance during the hospitalization is ONE THOUSAND TWENTY NINE 75/100 mty of 1,029.75

3. To the best of the Hospital's knowledge, the patient or the patient's 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: Sandra Holland Holland STATE OF INDIANA COUNTY OF LAKE I SANDRA HOLLAND, 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 Sandra Holland SANDRA HOLLAND

Subscribed and sworn to before me, a Notary Public, this 157 day of A Resident of Kane My Commission Expires: Notary Public County 1) Wich 24, 2019

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

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