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TO:

Mile Received

Return To:

Donille M Cannon

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Accounts of the patient was admitted to the shows listed patient as follows: 1. The patient was admitted to the hospital on Movember 23, 2011 and was discharged from the hospital to the hospital on Movember 23, 2011 2. The amount due for despital contents of 1011. 2. The amount due for despital contents of 1011. 3. To the best of the hospital structure of 1011. 4. Since of 1012. 3. To the best of the hospital Somewiedge: Challestient or the patient's legal representative claims that the following maned individuals and/or entities are stay: This iden is being filed pursuant to the Mospital Lien bow I.C. Section 32-33-4 in hundred and eighty (180) days after the patient was discharged from the Hospital to hundred and eighty (180) days after the patient was discharged from the Hospital. The penalties of perfury, hereby states that the Mospital 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. (2) Amount Mospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing statement are true and correct. (2) Amount Mospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) Amount Mospitals in the foregoing day of Mospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) Amount Mospitals of the foregoing day of Mospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) Amount Mospitals of the foregoing day of Mospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (3) A Resident of Lake County Public Lake County Public Resident of Lake County May demands of the Mospital Seal Resident of Lake County May demands of the Mospital Seal Resident of Lake County May demands of the Mospital Seal Resident of Lake County May demands of the Mospital Seal Resident of the Mospital Seal Reside	ratient:	Donille M Canno		Attorney:			
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2293 North Main Street Crown Foin, Indiana 46307 You re hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, Indiana 46307 You re hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, Indiana 46307 In 46402, Intends to hold a Bospital Lien for all responsible and nacessary charges for hospital cire, treatment or maintenance of the above listed patient as follows: 1. The patient was admitted to the mospital on November 23, 2011 2. The amount out for intended in the mospital on November 23, 2011 2. The amount out for intended in the mospital on November 23, 2011 2. The amount out for intended in the mospital on November 23, 2011 2. The amount out for intended in the mospital of November 23, 2011 2. The amount out for intended in the mospital of November 23, 2011 2. The amount out for intended in the mospital of November 23, 2011 2. The amount out for intended in the mospital of November 23, 2011 2. The amount of the intended in the mospital of November 23, 2011 2. The amount of the intended in the mospital of November 23, 2011 2. The amount of the intended in the mospital of November 23, 2011 2. The amount of the intended in the mospital of November 23, 2011 2. The amount of the patient of November 23, 2011 2. The amount of the patient of November 23, 2011 2. The amount of the patient of November 23, 2011 2. The amount of the patient of November 23, 2011 2. The amount of the patient of Major and Intended in Intended in the Mospital of Intended in November 24, 2011 2. The amount of the Mospital of November 24, 2011 2. The amount of the Mospital of November 24, 2011 2. The amount of the Mospital of November 24, 2011 2. The amount of the Mospital of November 24, 2011 2. The amount of the Mospital of November 24, 2011 2. The amount of the Mospital of November 24, 2011 2. The amount of the Mospital of November 24, 2011 2. The amount of the Mospital of November 24, 2011 2. The amount of the Mospital of November 24, 2011 2. The amount of the Mos	Lake Count	' Government Center	lana r	Indiar	na Department of	f Insurance	
You re hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, 104 (402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital cire, treatment or maintenance of the above lighted patient as follows: 1. The patient was pointened to the hospital on November 23, 2011 2. The amount due for hospital on November 23, 2011 above hospitalization is all Honored Ten is the thospital of the patient was discharged from the patient of the patient was discharged from the patient of the patient was discharged from the patient, under the penalties of perjury, hereby states that the Mospital Lien Law, I.C. Section 32-33-4 in the patient was discharged from the Mospital. The patient was discharged from the Mospital the patient was discharged from the Mospital. The patient was discharged from the Mospital the patient was discharged from the Mospital. The patient was discharged from the Mospital the patient was discharged from the Mospital. The patient was discharged from the Mospital the pat	2293 North	Main Street		Suite	. wasnington Sti 300	reet	
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and was discharged from the hospital on November 23, 2011 2. The amount due for bospital case, treatment or maintenance during the 3 610.00 odding. 3. To the bost of the bospital Case, treatment or maintenance during the 18 610.00 odding. 3. To the bost of the bospital Scienswiedge the Edition of the patient's legal representative claims that the following named individuals and/or entities are stay: This iden is being filed pursuant to the Bospital Lien Law, I.C. Section 32-33-4 in 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. STATE OF INLIANA STATE OF INLIANA (11 Still STODIST HOSPITALS, INC. SUBscribed and sworn to before me, a Notary Public, this The Motary Public and your possessing the formation of the foreign day of the Hospital state of Lake County I affirm, under the penalties for perjury, that I have taken reasonable care to redact sach social security number in this document, unless required by law. This Instrument Prepared By: Rafle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410			Descri	cue above 1	isted patient a	s follows:	00 10
2. The amount due for inspiration and the inspiration of the patient of the patient of the patient of the patient of the state of the patient was discharged from the Hospital. The the possible of perjury, hereby states that the Hospital intends to hold the Hospital statement are true and correct. The patient representative for the foregoing statement are true and correct. The patient representative for the Methodist and patient representative for the Methodist are true and correct. The patient representative for the Methodist are true and correct. (2) Subscribed and sworn to before me, a Notary Public, this for the Methodist are true and correct. (2) Subscribed and sworn to before me, a Notary Public, this for the Methodist are true and correct. (3) A Resident of Lake County I affirm, under the penaltics for perjury, that I have taken reasonable care to redact sach social security number in this document, unless required by law. This Instrument Prepared By: Earle F. Hites, Attorney at Law and STODE Readen of Lake County Readen of Lake Coun		The patient was a	Amittod + a		n November 23,	2011	
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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 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. STATE OF INITIANA COUNTY OF LIKE The Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (1) State of the Methodist and State of the Hospitals, Inc. SUBSCRIBED DJUKICH Angle Djukich A Resident of Lake County Notary Public Lake County Angle Djukich Notary Public Angle Djukich Angle Djukich Angle Dju						\	-
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Subscribed and sworn to before me, a Notary Public, this 77 day of My Commissic Expires: 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: Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410 AMOUNTS CHARGE C	are true and	correct.	work apon bach,	says that	Time lacts star	ted in the fore	going
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