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Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Nathaniel Young III Nathaniel Young III 715 W 41st Ave Gary, IN 46408	Attorney:	
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W Suite	na Department of Insurance J. Washington Street 2 300 2 300 3 300 300 300 300 300 300 300 300 300 3
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:			
above hospi (\$\frac{1}{3}\$ legal repre	talization is One Thouse 260.00) Dollars. To the best of the Hospi esentative claims that the second control of the second control	l on July 10 , ital care, treatme and Two Hundred S1 ital's knowledge, the following name	ent or maintenance during the
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 IN) ss:	BY:	Angus Dyukigh
I Angle Djukich , 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.			
Subscribed and sworn to before me, a Notary Public, this 38 day of My Commission Expires Angle Djukich day of Notary Public			
October 1	_	A Resident	, ,
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			
CASH CHE OVEI COP	CK#	SE SE	Official Seal SHERRY C FOUST Resident of Lake County, IN My commission expires October 10, 2013

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