

RETURN TO: Hodges, Davis, Gruenberg  
5525 Broadway  
Merrillville, Indiana 46410

823475

**SWORN STATEMENT  
& NOTICE OF INTENTION TO HOLD HOSPITAL LIEN**

October 4, 1985

To: James McClain Christian J. Gielow  
Address: 4932 Aster Avenue 5655 Broadway  
East Chicago, Indiana 46312 Merrillville, Indiana 46410

You are hereby notified that THE METHODIST HOSPITAL OF GARY, INC., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, or Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, (strike inappropriate address), 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 September 10, 1985, and was discharged from the hospital on September 17, 1985.
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Three thousand-two hundred-fifty one & 25 cents (\$ 3251.25 ) Dollars.
3. To the best of the Hospital's knowledge, the patient or his 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 stay:  
Automobile accident on August 2, 1985

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
OCT 11 11 55 AM '85  
REC'D PH CLAY  
RECORDER

This lien is being filed pursuant to the Hospital Lien Law, I.C. 32-8-26 in the Office of the Recorder of the County in which the Hospital is located, within ninety (90) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been duly sworn upon his/her 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 HOSPITAL OF GARY, INC.  
BY: Ramona A. Klaker  
Ramona A. Klaker - Methodist Hospital, Southlake

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Ramona A. Klaker, being the Fin. Counselor for the above named Campus of The Methodist Hospital of Gary, Inc., being duly sworn upon his/her oath, says that the facts stated in the foregoing are true and correct.

Ramona A. Klaker  
Ramona A. Klaker

Subscribed and sworn to before me, a Notary Public, this 4 day of October, 1985.

Virginia Wilson  
Notary Public  
A Resident of Porter County

My Commission Expires:  
August 30, 1988

This instrument prepared by: Louis C. Zeheralis, Attorney at Law  
5525 Broadway, Merrillville, Indiana 46410

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