899079

RETURN TO: Hodges Davis, Gruenberg, Crampton & Bayers, P.C.
5825 Broadway
Merrillville, IN 46410

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

TO: Miss Jamille Henderson

Patient: 411 W.Williams Street
Ft. Wayne, Indiana 46804

Attorney: A.Leon Sarkisian 9811718
5825 Broadway
Merrillville, In.46410

Recorder of Lake County, Indiana
Lake County Government Center
2293 North Main Street
Crown Point, Indiana 46307

Indiana Department of Insurance
509 State Office Building
Indianapolis, Indiana 46204

You are hereby notified that THE METHODIST HOSPITAL OF GARY, INC., Northlake Campus, 600 Grant Street, Gary, IN 46402, or Southlake Campus, 8701 Broadway, Merrillville, IN 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 12/12/86, 19____, and was discharged from the hospital on 12-13, 19 86.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Four Hundred Eighty six dollars and forty five cents ($ 486.45 ) 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:

pt was passenger on city bus in Ft.Wayne Indiana. Bus struck in rear by auto/passenger injured/in Ft.WayneHosp. 1 day,transferred here.acc. 12/09/86

This lien is being filed pursuant to the Hospital Lien Law, I.C. 32-8-36 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: Yolanda Jaime

STATE OF INDIANA }
COUNTY OF LAKE } SS:

I, Yolanda Jaime, being the Supervisor 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.

Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 14 day of January, 19 87.

Mary Engle
Notary Public
A Resident of Lake County

My Commission Expires:
8/22/89

This instrument prepared by: Louis C. Zaharalis, Attorney at Law
5825 Broadway, Merrillville, IN 46410

Filed for Record
JAN 14 11 29 AM

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