997538

SWORN STATEMENT
& NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

_____, 19___

To: Arthur Williams (15)
Ida M. Williams mother

Address: 2221 Carolina St.
Gary, In 46407

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 7/1/88, 19___, and was discharged from the hospital on 7-5-88, 19___.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is two thousand three hundred ~~seventy n~~ine dollars and fifty seven cents ($ 2,379.57) 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:

Ida M. Williams

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: Yolanda Jaime

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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 6th day of September, 1988.

Mary Drozda, Notary Public

A Resident of Lake County

My Commission Expires:
8/22/89

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

WILLIAM A. BLASTICK
STATE OF INDIANA
RECORDER, LAKE COUNTY
CROWN POINT, INDIANA 46307
SEP 15 11 30 AM