#010002327

RETURN TO: Hodges Davis, Gruenberg, Compton & Sayers, P.C.
5525 Broadway
Merrillville, IN 46410

082695

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORD
FEB 2 1 1 15 PM '90
ROBERT "BOB" PETELAND
RECORDER

SWORN STATEMENT
& NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Billy Webster - Guarantor

Patient: Curtis Webster (Age 16)
749 McKinley Street
Gary, IN 46404

Attorney: _____

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 HOSPITALS, 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 _____, 19__, and was discharged from the hospital on _____, 19__.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Three thousand four hundred thirteen dollars and seventy one cents ($ 3,413.71) Dollars.

3. To the best of the Hospital's knowledge, the patient or the patient's 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:

State Fram Insurance, Attn: Paul Clayton
905 West Glen Park Ave.
Griffith, IN 46319 - Claim # 145534319

Mary Hinton - Guarantor
Herbert Steele, Jr. - Driver
717 Roosevelt St., Gary, IN 46404

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 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 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 HOSPITALS, INC.

BY: Yolanda Jaime
Yolanda Jaime

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Yolanda Jaime, being the Supervisor for the above named Campus of The Methodist Hospitals, Inc., being duly sworn upon his/her oath, says that the facts stated in the foregoing are true and correct.

Yolanda Jaime
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 26 day of January, 19 90.

Mary Brooks
Mary Brooks, Notary Public
A Resident of Lake County

My Commission Expires:
10-11-93

This instrument prepared by: Clyde D. Compton, Attorney at Law
5525 Broadway, Merrillville, IN 46410

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!
STOP
RECORDER'S OFFICE SEAL INDIANA

Hoo
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