

# 10026078

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

100040

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

TO: Percy & Deborah Pompy

Patient: Allah Pompy  
422 Grant 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 March 27, 1990, and was discharged from the hospital on April 24, 1990.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Thirteen thousand four hundred and forty dollars and fifty-two cents (\$13,440.52) 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:  
Robert Mishevich - State Farm Insurance - 4500 Grant St., Gary, IN.  
1328 Jackson St.  
Hobart, IN 46342  
Paul Rosenwinkel - Agent  
Claim No. 145546517

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  
LAKE COUNTY  
FILED  
MAY 11 1990  
ROBERT H. ...

STATE OF INDIANA )  
                                  )SS:  
COUNTY OF LAKE )

Yolanda Jaime, being the Supervisor for the above named Camps 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 7 day of May 1990.

Mary Drozda  
Mary Drozda  
A Resident of Lake Notary Public  
County

My Commission Expires:  
10-11-93

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

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ck