

10027167

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

100978

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

TO: Betty Brigham (Chism)

Patient: Izonia Brigham (Chism, Jr.) Attorney: JEFFERY OLIVEIRA
923 Hendricks Street (Minor) 7895 BROADWAY, SUITE N
Gary, Indiana 45404 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 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 31, 1990, and was discharged from the hospital on April 6, 1990.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Six thousand Seven hundred Fifty-four Dollars and fourteen cents (\$ 6754.14) 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:

Arthur Jones 387 Clark Road Gary, IN 46404

Allstate Insurance (Claim No. 2210-75-7197) 9131 Broadway, Merr., IN 46410

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, Supervisor

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

I 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, Supervisor

Subscribed and sworn to before me, a Notary Public, this 9 day of May, 1990.

Mary Drodza
Mary Drodza Notary Public
A Resident of _____ County

My Commission Expires: 10.11.95

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

Handwritten initials and marks in the bottom right corner.