

91028930

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

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

TO: BARBARA A. ZIELINSKI

Patient: Barbara A. Zielinski  
1034 N. Lakeshore Drive  
Crown Point, In. 46307

Attorney: \_\_\_\_\_

ROBERT (BOB) FREELAND  
RECORDER

JUN 12 8 55 AM '91

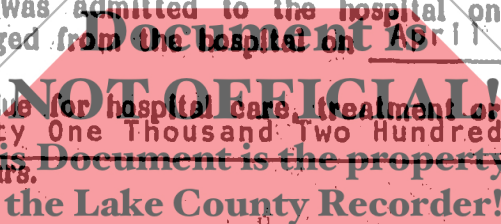
STATE OF INDIANA/S.S.N.D.  
LAKE COUNTY  
FILED FOR RECORD

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 April 4, 1991, and was discharged from the hospital on April 18, 1991.
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Fifty One Thousand Two Hundred Forty Five dollars and 99/100 (\$ 51,245.99) 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:

Amle N. Bunch  
11318 Randolph St. Crown Point, In 46307

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: Ingrid J. Jones

*Ingrid J. Jones*

STATE OF INDIANA )  
                                  )SS:  
COUNTY OF LAKE )

INGRID JONES, being the ACCOUNT Rep 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.

*Ingrid J. Jones*

Subscribed and sworn to before me, a Notary Public, this 30th day of April, 1991.

*Sheila Davis*

Sheila Davis  
A Resident of Lake County

My Commission Expires:  
5-7-93

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

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