

91038929

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

TO: ROSEMARY DAVIDSON

Patient: Rosemary Davidson  
2453 Fillmore Street  
Gary, Indiana 46407

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

ROBERT (BESS) FRENDELAND  
RECORDER

AUG 2 10 28 AM '91

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

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 10, 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 Thirteen Thousand Two Hundred Seventy-five Dollars & one cent. (\$ 13275.01 ) Dollars.

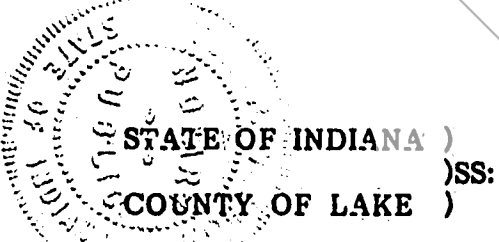
3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay:

Rosemary Davidson

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, 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 11th day of July, 1991.

Toni R. Wesson  
Toni R. Wesson Notary Public  
A Resident of Lake County

My Commission Expires:  
April 2, 1995

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

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