RETURN TO:

Hodges Davis, Gruenberg, Compton & Sayers, P.C. 15525 Broadway Merrillville, IN 46410

91038929

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient: Resemany Davidson Attorney: 2453 Fillmore Street Gary, Indiana 46407 Recorder of Lake County, Indiana Lake County Government Center Lake County In which the Hospital Lie Located, within one fundred and content of the County In which the Hospital Is located, within one fundred and individual executing this instrument, having been duly worn upon his/her penalties of perjury described above and that the facts and malters of forth in the foregoing statement are true and correct. Lake County In Which the Hospital Intended to hold the hospital Lie nothing one fundred and individual executing this instrument, having been duly worn upon his/her penalties of perjury described above and that the facts and malters of forth in the foregoing statement are true and correct. Lake County Government Center Lake County Government Center	TO: ROSEMARY DAVIDSO	N	STATE FI
Recorder of Lake County, Indiana Lake County (Government Center 2293 North Main Street Crown Point, Indiana 46307 You are hereby notified that THE METHODIST HOSPITALS, INC., Northiake Campus, 6700 Grant Street, Gary, IN 46402, or Southlake Campus, 6701 Broadway, Merrillville, IN 46410, (strike inappropriate address), intends to hold al 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, 19.91. 2. The amount due to hospital care, treatment or maintenance during the above hospitalization is thirt-originate manual through the following named individuals and/or entities are liable for damages arising from the patients. However, the patient of the Hospital is hoated, within one funded and eligibly (180) days after the patients was discharged from the Hospital is hoated, within one funded and eligibly (180) days after the patient was discharged from the Hospital is hoated, within one funded and eligibly (180) days after the patient was discharged from the Hospital is hoated, within one funded and eligibly (180) days after the patient was discharged from the Hospital is hoated, within one funded and eligibly (180) days after the patient was discharged from the Hospital is hoated, within one funded and eligibly (180) days after the patient was discharged from the Hospital is hoated. Research Daylore in the County in which the Hospital is hoated, within one funded and eligibly (180) days after the patient was discharged from the Hospital is hoated, within one funded and eligibly (180) days after the patient was discharged from the Hospital is hoated. The undersigned individual executing this instrument, having been day sworn upon his/her oath, under the penalties of perjury hereby states that the filespital intends to hold the hospital is as described and sworn to before me, a Notary Public, this like day of A Resident	Patient: Rosemary Davidson	Attorney:	m ==
Recorder of Lake County, Indiana Lake County Government Center 2239 North Main Street Crown Point, Indiana 46307 You are hereby notified that THE METHODIST HOSPITALS, INC., Northiake Campus, 870 Breadway, 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 11, 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 Thirden Not and Thos Huddre Assayants of The April 18 and the following named individuals and/or entities are liable for damages arising from the patient's light individuals and/or entities are liable for damages arising from the patient's light individuals and/or entities are liable for damages arising from the patient's light is located, within one fluidided and elighty (180) days after the patient was discharged from the Hospital is located, within one fluidided and elighty (180) days after the patient was discharged from the Hospital The undersigned individuals and/or entities are liable for damages arising from the patient's legal to be a filled particles of the Recounty in which the Hospital is located, within one fluided and elighty (180) days after the patient was discharged from the Hospital. The undersigned individuals and/or entities are liable for damages arising from the patient's legal to the Beautiful States of the Recorder of the County in which the Hospital is located, within one fluided and elighty (180) days after the patient was discharged from the Hospital. The undersigned individuals and/or entities are liable for damages arising from the patient's legal to			REG E
Recorder of Lake County Indiana Lake County Government Center 1293 North Main Street 1293 North Main Street, Gary, IN 46402, or Southlake Campus, 8701 Broadway, Merriliville, IN 46410, Istrike 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 care, treatment or maintenance during the above hospitalization is thirt-only thought the patient to his patient or maintenance during the above hospitalization is thirt-only thought the patient to his patient or hospital care, treatment or maintenance during the above hospitalization is the property of 13275.01 2. The amount due to hospital care, treatment or maintenance during the above hospitalization is the property of 13275.01 2. The amount due to hospital care, treatment or maintenance during the above hospitalization is the property of 13275.01 2. The amount due to hospital care, treatment or maintenance during the above hospitalization is the property of 13275.01 2. The amount due to hospital care, treatment or maintenance during the above hospitalization is the property of 13275.01 2. The amount due to hospital star the following named individuals and of or chief and the following named individuals and or chief are patient's legal representative claims that the following named individual and or chief are patient's legal representative claims that the following named individual and or chief the hospital line of the Hospital individual exception of the County in which the Hospital individual exception of the hospital star the following named individual and the following named individual and of or chief the patient's lines of the following name	Gary, Indiana 4640		Bin D REE
46410, Istrick 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 10, 1991, and was discharged from the hospital on April 10, 1991, and was discharged from the hospital on April 10, 1991, and was discharged from the hospital on April 10, 1991, and was discharged from the hospital on April 10, 1991, and was discharged from the hospital on April 10, 1991, and was discharged from the hospital on April 10, 1991, and was discharged from the hospital on April 10, 1991, and the state of the Hospital on April 10, 1991, and the state of the Hospital on April 10, 1991, and 1991,	Lake County Government Center 2293 North Main Street	509 State Office B	t of insurance Service Sullding Service
2. The amount due for bospital care, treatment or maintenance during the above hospitalization is Thirteen via danger two hundred same register that the following named individuals and/or entitles are liable for damages arising from the patient's liness or injury causing the hospital stay. Rosenary Davidson to the Hospital is located, within one hundred and eighty (190) 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 floopital 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 Jalme, 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 frie and correct. THE METHODIST HOSPITALS, INC. BY Jalme, 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 frie and correct. Yolands Jalme, Supervisor Subscribed and sworn to before me; a Notary Public, this flat day of forth in the facts stated in the foregoing are five and correct. Yolands Jalme, Supervisor Notary Public County My Commission Expires: Amuse 1994.	600 Grant Street, Gary, IN 46402 46410, (strike inappropriate address necessary charges for hospital car	, or Southlake Campus, 8701 Broass), intends to hold a Hospital Lien	dway, Merrillville, IN for all reasonable and
3. To the best of the Norita's trowledge and 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, 1.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 notices of forth in the foregoing statement are true and correct. THE METHODST HOSPITALS, INC. BY Jame 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 the and correct. Yolanda Jaime, Supervisor Subscribed and sworn to before me; a Notary Public, this Hay day of	2. The amount due for he hospitalization is Thirteen Tho	the hospital on April 18. Document is ospital care, treatment or mainten	ance during the above
This lien is being filed pursuant to the Hospital Lien Law, L.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 sot forth in the foregoing statement are true and correct. THE MATHODIST HOSPITALS, INC. BY: THIS METHODIST HOSPITALS, INC. BY: THIS METHODIST HOSPITALS, INC. BY: TOTALE OF INDIANA) SS: COUNTY OF LAKE TYOLAND 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. Total A Jaime, Supervisor Subscribed and sworn to before me; a Notary Public, this /// day of	3. To the best of the foregresentative claims that the fo	lospitat's knowledge the patient llowing named individuals and/or	entities are liable for
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 matter set forth in the foregoing statement are true and correct. The matter set forth in the foregoing statement are true and correct. The matter set forth in the foregoing statement are true and correct. The matter set forth in the foregoing statement are true and correct. The matter set forth in the foregoing statement are true and correct. The matter set forth in the foregoing statement are true and correct. The matter set forth in the foregoing statement are true and correct. The matter set forth in the foregoing statement are true and correct. The matter set forth in the foregoing statement are true and correct. The matter set forth in the foregoing statement are true and correct. The matter set forth in the foregoing statement are true and correct. The matter set forth in the foregoing statement are true and correct. The matter set forth in the foregoing statement are true and correct. The matter set forth in the foregoing statement are true and correct. The matter set forth in the foregoing statement are true and correct. The matter set forth in the foregoing statement are true and correct. The matter set forth in the foregoing statement are true and correct. The matter set forth in the foregoing statement are true and correct. The matter set forth in the foregoing statement are true and correct. The matter set forth in the foregoing statement are true and correct and correct are set for the set for			
STATE OF INDIANA) SS: COUNTY OF LAKE It, Yolanda Jaime	of the Recorder of the County in eighty (180) days after the patie individual executing this instrumer penalties of perjury hereby states described above and that the fact	n which the Hospital is located, wi ent was discharged from the Hospi nt, having been duly sworn upon hi s that the Hospital intends to hole	tal. The undersigned oath, under the hospital lien as
STATE OF INDIANA) SS: COUNTY OF LAKE T, 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 frue and correct. Subscribed and sworn to before me; a Notary Public, this //// day of	true and correct.	THE METHODIST HOSPITALS	, INC.
Subscribed and sworn to before me; a Notary Public, this		By: Totalida Jaime, Super	Visor Q
Subscribed and sworn to before me; a Notary Public, this			
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, Supervisor Subscribed and sworn to before me; a Notary Public, this	The state of the s	haing the Supervisor	for the shove
My Commission Expires: A Resident of	named Campus of The Methodist	Hospitals, Inc., being duly sworn upgoing are true and correct.	
Poni R. Wesson Notary Public A Resident of County My Commission Expires: A full 2, 1995		efore me; a Notary Public, this	//# day of
My Commission Expires: April 2, 1995		roni k. wesson	Notary Public
	My Commission Expires:		## 17 EE
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This instrument prepared by:

Clyde D. Compton, Attorney at Law 5525 Broadway, Merrillville, IN 46410

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