RETURN TO:

Houges Davis, Gruenberg, Compton & Sayers, P.C.

5525 Broadway Merrillville, IN 46410

## 91050056

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

Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 509 State Office Building Indianapolis, Indiana 46204 Crown Point, Indiana 46307  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 August 31, 1991, and was discharged from the hospital on September 1, 1991.  2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Two Thousand Two function of 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:  Donald Kitchen  This lien is being filed pursuant to the Hospital Lien Law, i.C. 32-8-26 in the Office	TO:	DONALD KITCHEN			
Recorder of Lake County, Indiana Lake County Government Center  Lake County Government of Insurance  Lake County Government Center  Lake County Government of Insurance  Lake County Government Center  Lake County Government of Insurance  Lake	Patient:			<del></del>	
Lake County Government Center  2293 North Main Street  Crown Point, Indiana 46307  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 August 31, 1991, and was discharged from the hospital on September 1, 1991.  2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Two Thousand Two functed Twenty-nine Bollars & five cents (\$2229.05) 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:  Donald Kitchen  This lien is being filed pursuant to the Hospital Lien Law, I.C. 32-8-26 in the Office					
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		Donald Kitchen			
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 penalties of perjury hereby states that the Hospital intends to hold the hospital lien as described above and that the facts and melters set forth in the foregoing statement are true and correct.	of the Receighty (18 individual penalties described	corder of the County in (0) days after the patien executing this instrument of perjury hereby states above and that the facts	which the Hospital is locate t was discharged from the t, having been duly sworn up that the Hospital intends to and matters set forth in the	Hospital. The undersigned oath, under the hospital lien a he foregoing statement ar	d d e as
By The dude to my to the	•		BY: Intellige	Len 5 to	23 23 194
Yolanda Jaime, Supervisor = S			Yolanda Jaime, S	upervisor =	00
STATE OF INDIANA ) )SS:	STATE OF	<u> </u>		ر ي	
COUNTY OF LAKE )	COUNTY				
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, Supervisor	named Ca	mpus of The Methodist H	ospitals, Inc., being duly swoing are true and correct.	orn upon his/her oath, say	
Subscribed and sworn to before me, a Notary Public, this $24$ day of			fore me, a Notary Public,	this <u>Z</u> day of	_
September 19 GL.	Septem	(14cm) 13 G/.	Jones	A. Wesson	,
Toni R. Wesson Notary Public A Resident of County		11		<i>/</i> /.	

My Commission Expires:

(x,y,z)

This instrument prepared by:

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