91061100

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

SWORN STATEMENT
& NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Cletis Woodson

Patient: Cletis Woodson
221 E. 36th Ave.
Gary, IN 46409

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

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 November 5, 19 91, and was discharged from the hospital on November 7, _____, 19 91.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Four Thousand Three Hundred Twenty Eight -----25/100 ($ 4328.25) 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:

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: Sheila Davis

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Sheila Davis, being the Financial Counselor 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.

Sheila Davis

Subscribed and sworn to before me, a Notary Public, this 19th day of November, 19 91.

Karen A. Johnson
Karen Johnson, Notary Public
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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