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

Fig

92009335

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

	d_NOTICE_OF_INTER	TION TO HOLD HO	DELL'ADE LIEN.	E E E
TO:	JEFFREY TRIPLETT		,	
Patient:	Jeffrey Triplett 439 Lincoln St. Gary, IN: 46402	Attorney:	Fisher & Kell 100 E. 90th D Merrillville.	cive
Lake Cou 2293 Nor	of Lake County, Indiana nty Government Center th Main-Street oint, Indiana 46307	509 State	epartment of Ins Office Building s, Indiana 46204	urance
600 Gran 46410, (st	are hereby notified that THE t Street, Gary, IN 46402, or rike inappropriate address), in charges for hospital care, tress:	Southlake Campus, 8 itends:to hold:a Hosp	701 Broadway, l ital Lien for all	Merrillville, IN reasonable=and
1. 19 <u>91</u> , a	The patient was admitted nd was discharged from the	to the hospital on hospital on the demo	e December	6
2. hospitaliz (\$ <u>21.61</u>	The amount due for hospital ation is Twenty one thou	care, treatment or sand six hundred nent is the prope	maintenance du seventeen do rty of	ring the above
3. represent	To the best of the Hospitative claims that the following arising from the patient's illustrations are supplied to the best of the Lake	county Record tal's knowledge, the ng named individuals	patient or the and/or entities	patient's legal are liable for
of the Reeighty (1) individual penalties		ch the Hospital is lo as discharged from aving been duly swor it the Rospital inten- o matters see forth	cated, within on the Hospital. The n upon his/her conditions ds to hold the in the foregoing	e hundred and he undersigned ath, under the ospital lien as statement are
		THE METHODIST HO		ice Lone
	F INDIANA))SS:	/		<u> </u>
named Ca	OF LAKE) OF LAKE) DEPTHY TO BE A CONTROL OF THE METHOD IST HOSP FACTS STATED IN THE FOREGOING	ng the Adolling the itals, Inc., being duly are true and correc	sworn upon his	for the above /her oath, says
		OWNIG S	Vene	<u>C</u>
Subs	scribed and sworn to before , 1992.	Sheilar N.	ie, this 6th o	A STATE OF THE STA
		Sheila Davis A Resident of	Lake	Notary Public County
My Comr 5-7-93	nission Expires:	to the second	. J	The state of the s
				Search Control of the

This instrument prepared by:

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