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

SWORN STATEMENT
& NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: PENELOPE K. FRAZIER

Patient: Penelope Frazier
823 East 34th Avenue
Gary, IN 46408

Attorney: Christian J. Gielow
5655 Broadway
Merrillville, IN 46410

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 January 21, 19 92, and was discharged from the hospital on February 8, 1992.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Twelve Thousand Four Hundred Twenty-six Dollars & ninety-four cents. ($ 12426.94) 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:

State Farm Ins. Agent: David Lamarr
3656 Grant St. Claims Adjuster: Greg Turner (219)922-5124
Gary, IN. 46408

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

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP

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 31st day of March, 1992.

Notary Public
A Resident of Lake County

My Commission Expires:
8-6-95

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

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