

92024365

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

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

TO: William Robinson, Jr.

Patient: William Robinson Jr.  
1001 1/2 River Road Dr 2G  
Griffith, IN 46319

Attorney:

Recorder of Lake County, Indiana  
Lake County Government Center  
2203 North Main Street  
Crown Point, Indiana 46307

Indiana Department of Insurance  
509 State Office Building  
Indianapolis, Indiana 46204

STATE OF INDIANA  
FILED  
APR 22 10 14 AM '91  
ROBERT E. COOPER  
RECORDER OF LAND

You are hereby notified that THE METHODIST HOSPITALS, INC., Northlake Campus, 000 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 December 2, 1991, and was discharged from the hospital on December 4th, 1991.

2. The ~~This Document is the property of~~ maintenance during the above hospitalizations ~~is~~ Two thousand three hundred fifty four dollars 94/100 (\$ 2354.94 ) 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:

ETHEL C. HINES  
1832 MANSARD BLVD  
GRIFFITH, IN 46319

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: Ingrid J. Jones

STATE OF INDIANA )  
                          )SS:  
COUNTY OF LAKE )

INGRID JONES, being the Account Rep 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.

Ingrid J. Jones

Subscribed and sworn to before me, a Notary Public, this 18th day of March, 1991.

Sheila Davis

Sheila Davis Notary Public  
A Resident of Lake County

My Commission Expires:  
5-7-93

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

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CK