92034916

RETURN: TO:

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

5525 Broadway Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

| IO: Hart | :in: Glaser) | | |
|---|--|--|-------------------------|
| Patient: | Liquing Glaser 6430 Evergreen, Apt. 107. Portage, INC. 46368 | Attorney: | |
| Lake Cou 2293 Nor | of Lake County, Indiana hty Government Center th Main Street int, Indiana 46307 | Indianal Department of Insurance 509 State Office Building, 2011 Indiana 46204 | |
| 600) Gran 46410. (st | t Street, Gary, IN 46402, or Southli rike inappropriate address), intends charges for hospital care, treatmen | IODIST HOSPITALS, INC., Northlake Campuske Campus, 8701 Broadway, Merrillville to hold a Hospital Lien for all reasonable at or maintenance of the above listed patie | IN nd |
| 1. 1992 , a | The patient was admitted to the no was discharged from the hospita | ne hospital on February 21 1 on March 5 , 19 92 . | •; |
| 2. hospitaliz (\$ <u>2314</u> | The amount due for hospital care ation is Twenty-unifee Thousant 3.00) Dollars. | treatment or maintenance during the about one Hundred Fortv-three Doll'ars | ve — |
| 3. represent damages | To the best of the Hospital's ki ative claims that the following had arising from the patient's illness or | s the property of nowledge, the patient's leg need individuals and/or entities are liable for injury causing the hospital stay: | gali for |
| | Lijung Glaser | | |
| of the Re eighty (1 individual penalties | ecorder of the County in which the 80) days after the patient was discerned this instrument, having to feel the perjury hereby states that the above and that the facts and mutter correct. | Hospital Lien Law, L.C. 32-8-26 in the Office Hospital is located, within charged from the Hospital. The undersign open duly sworn upon his/her oath, under the Hospital intends to hold the hospital lien hospital lien ers set forth in the foregoing statement at the Hospital Hospital Statement at the Hospital Lien hospital lien hospital lien hospital lien at the Hospital lien hos | and ned the as |
| STATE O | F INDIANA) | Panda Jaime, Supervisor | |
| |)SS: | | |
| named Ca | Yolanda Jaime , being the ampus of The Methodist Hospitals, I facts stated in the foregoing are to | nc., being duly sworn upon his/her oath, se | |
| | Yolar | nda Jaime, Supervisor | _ |
| | scribed and sworn to before me, | a Notary Public, this 1804 day of | |
| 0 | | oni L. Wesson | |
| | / / | R. Wesson Notary Pulident of Cou | |
| | nission Expires: | ma i vice. | |
| 11/11 | are registration of the contraction of the contract | | |

This instrument prepared by:

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

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