

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

310234265 92034921

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

TO: DONALD G. BERRY

Patient: Don Berry  
423 E. 176 Court  
Hammond, Indiana 46324

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

JUN 2 9 31 AM '92

STATE OF INDIANA  
FILED IN COUNTY OF RECORD

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 April 1, 1992, and was discharged from the hospital on April 11, 1992, remaining
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Three thousand Four Hundred Four and 44/100 (\$ 3,404.44) Dollars.

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**This Document is the property of the Lake County Recorder**

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:

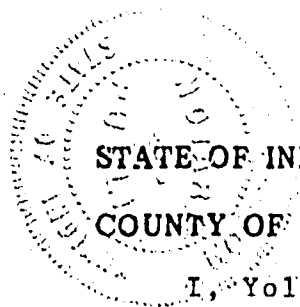
Don Berry

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



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 11 day of May, 1992.

Toni R. Wesson  
Toni R. Wesson Notary Public  
A Resident of Lake County

My Commission Expires:  
April 2, 1995

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

600 W/L