92037249

RETURN TO:

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

5525 Broadway

Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

DONNA D. PENRSON

Patient:

Donna D. Pearson 1721 Harrison St. Gary, IN 46407

Attorney: Steve Lustina

7863 Broadway. Suite

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 92, and was discharged from the hospital on Februar
- treatment or maintenance during the above The amount due for hospitalization is Dollars the Lake County Recorder! This Dondracht isking property of ve do Llars, and 34/100
- 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:

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.

METHODIST HOSPITALS, INC. STATE OF INDIANA))SS: COUNTY OF LAKE) named Campus of The Methodist Hospitals, Inc., being duly swork upon his/her oath, says that the facts stated in the foregoing are true and correct Subscribed and sworn to before me, a Notary Public, this ____**, 19**__92**.** Notary Public Sheila Davis A Resident of Lake My Commission Expires: 5-7-93

This instrument prepared by:

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