310 23639 3

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Return To: Hodges & Davis, P.C.
5525 Broadway
Merrillville, Indiana 46410

SWORN STATEMENT
& NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Vincent Capeace Hill

Patient: Vincent Capeace Hill
720 Ralston Street
Gary, IN 46406

Attorney: Work & Relphorde
640 West 5th Avenue
Gary, IN 46402

Recorder of Lake County, Indiana
Lake County Government Center
2293 North Main Street
Crown Point, Indiana 46307

Indiana Department of Insurance
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204

You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, 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 8, 19 92 and was discharged from the hospital on April 11, 19 92.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Two thousand one hundred seventy four dollars and eight cents ($ 2,174.08) 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: Patient states he was walking from 5th and Durbin to 538 Clinton. When he arrived at 538 Clinton he was jumped, beaten, robbed, and shot by known persons and he intends to sue them.

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 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: Esther C. Broadnax

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

I, Esther C. Broadnax, being a Financial Counselor for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

Esther C. Broadnax

Subscribed and sworn to before me, a Notary Public, this 27th day of May, 19 92.

Virgil R. Bell
Notary Public

My Commission Expires:
8-6-95

A Resident of Lake County

This Instrument Prepared By: Clyde D. Compton, Attorney at Law
5525 Broadway, Merrillville, Indiana 46410

3593

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JUN 10 10 35 AM '92 ROSE ... STATE ... FILED FOR RECORD