

Return To:

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

93021395

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

TO: Deven Nichols

Patient: Deven Nichols

Attorney: _____

3649 Fillmore Street

Gary, IN 46408

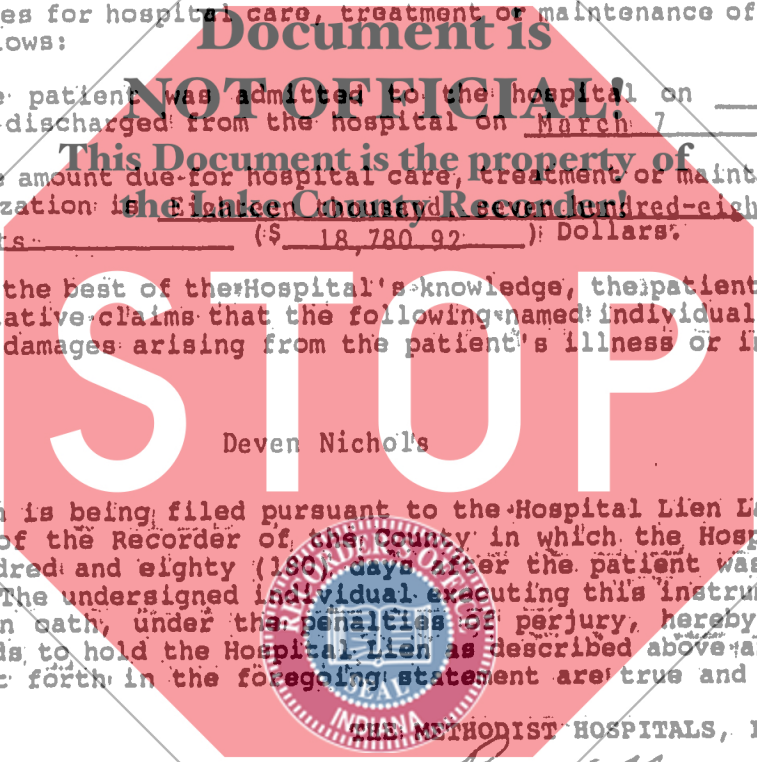
STATE OF INDIANA S.H.O.
LAKE COUNTY
RECORDER OF RECORDS
APR 6 8 55 AM '93

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 3300
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 March 1, 1993, and was discharged from the hospital on March 7, 1993.
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Eighteen thousand seven hundred eighty dollars and ninety-two cents (\$ 18,780.92) 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:



Deven Nichols

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: Peggy Moore
Peggy Moore

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

I, Peggy Moore, 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.

Peggy Moore
Peggy Moore

Subscribed and sworn to before me, a Notary Public, this 30th day of March, 1993.

Virgil Bell
Virgil Bell Notary Public
A Resident of Lake County

My Commission Expires:

8-6-95

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

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c