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

93041573

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

TO: LAKITA Williams

Patient: Lakita Williams

1545 Delaware St

Gary IN 46407

Attorney: \_\_\_\_\_

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 February 14, 1993, and was discharged from the hospital on February 16, 1993.
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Two thousand three hundred sixty four dollars & twelve cents (\$2364.12) 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:

This Lien is being filed pursuant to the Hospital Lien Law of Indiana, I.C. 32-18-1, 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.

BY: Cherrie Herve

Cherrie Herve, Supervisor

STATE OF INDIANA )  
                          ) ss:  
COUNTY OF LAKE )

I, Cherrie Herve, being a Supervisor for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

Cherrie Herve  
Cherrie Herve, Supervisor

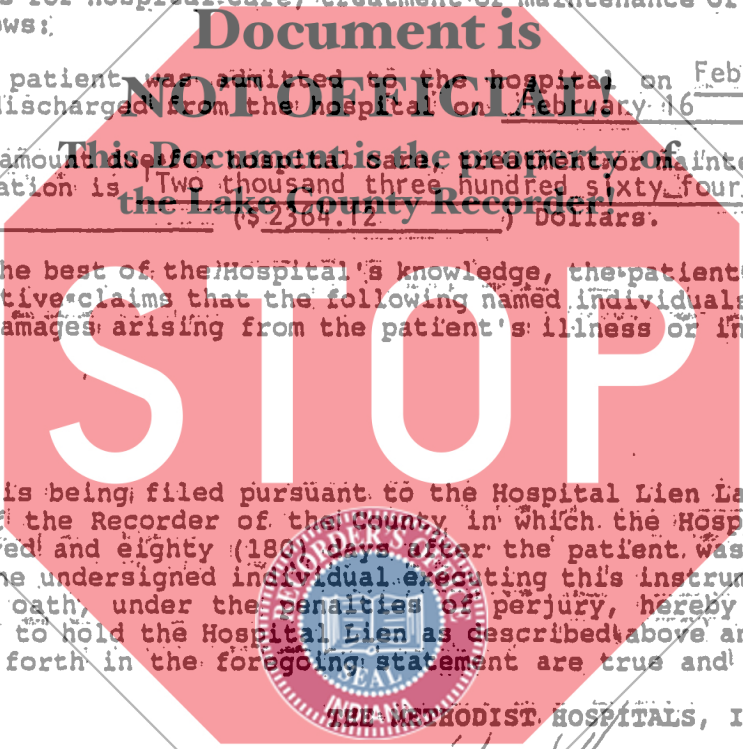
Subscribed and sworn to before me, a Notary Public, this 22nd day of June, 1993.

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

My Commission Expires:

April 2, 1995

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



STATE OF INDIANA  
FILED  
JUN 23 1993  
S.A.H. CH

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