

Patient # 310386321

Return To:

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

93080560

SWORN STATEMENT
NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: MARSH E OWENS

Patient: Marshe Owens
4207 W. Adams St
Chicago IL 60624

Attorney: L.C. Hunter/Robert Lewis
2148 W. 11th Ave
GARY, IN 46404

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 September 2 1993, and was discharged from the hospital on September 17 1993.
2. The amount due for hospital care, treatment or maintenance during the above hospitalization, is one thousand one hundred sixty five dollars and fifty one cents (\$1,965.51) 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:

Marshe Owens

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: Cherrie Hervey
Cherrie Hervey, Supervisor

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

L. Cherrie Hervey, 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 Hervey
Cherrie Hervey, Supervisor

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

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, Indiana 46410

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