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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: ELIAS TABLA

Patient: ELIAS TABLA
2886 CARMEN ST
PORTAGE, IN 46368

Attorney: MARK WARREN COLEMAN
158 S. NAPOLEAN
VALPARAISO, IN 46383

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., 8701 Broadway, Merrillville, IN 46410, 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 8-12, 1993, and was discharged from the hospital on 9-1, 1993.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is SEVEN THOUSAND SEVEN HUNDRED Eighty Six 03/100 ($ 7,786.03) 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:

STATE FARM CLAIM CENTER
P.O. BOX 13000
MERRILLVILLE, IN 46411

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: Brian Sedoris
BRIAN SEDORIS

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

I, BRIAN SEDORIS, 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.

Brian Sedoris
BRIAN SEDORIS

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

Carmen Gonzalez
Notary Public

My Commission Expires: 6/28/96

A Resident of Lake County

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

3593

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
DEC 7 8 1993
RECORDER

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