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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: ANTOINETTE BRANDON

Patient: ANTOINETTE BRANDON
4414 E. 11th Ave.
Gary, In. 46404

Attorney: Theodore S. Leonas
1000 E. 80th Pl, Suite 514 South
Merrillville, In. 46410

Recorder of Lake County, Indiana
Lake County Government Center
2293 North Main Street
Crown Point, Indiana 46107

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 9, 1993, and was discharged from the hospital on October 15, 1993.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is: One thousand five hundred thirteen dollars and no cents (\$ 1,513.00) 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, I.C. 532-8-26 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: KEVIN O. PHILLIPS

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

I KEVIN O. PHILLIPS

ACCOUNT REPRESENTATIVE

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

KEVIN O. PHILLIPS

Subscribed and sworn to before me, a Notary Public, this 8 day of October, 1993.

My Commission Expires: 11/7/99

[Signature] Notary Public
A Resident of [Signature] County.

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



STATE OF INDIANA
RECORDS SECTION
OCT 13 11 55 AM '93

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