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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: Louis WhitSELL

Patient: Louis whitself 351074844
519 S Warrick St
Gary, IN 46403

Attorney: Gregory Nicosia
8721 Kennedy Ave.
Hammond, In 46322

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 November 3, 1993, 1993, and was discharged from the hospital on November 3, 1993, 1993.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is: Six hundred, seventeen dollars and twenty eight cents and (\$ 617.28) Dollars.

3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claim 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. §32-8-2, 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)
COUNTY OF LAKE)

SS:

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

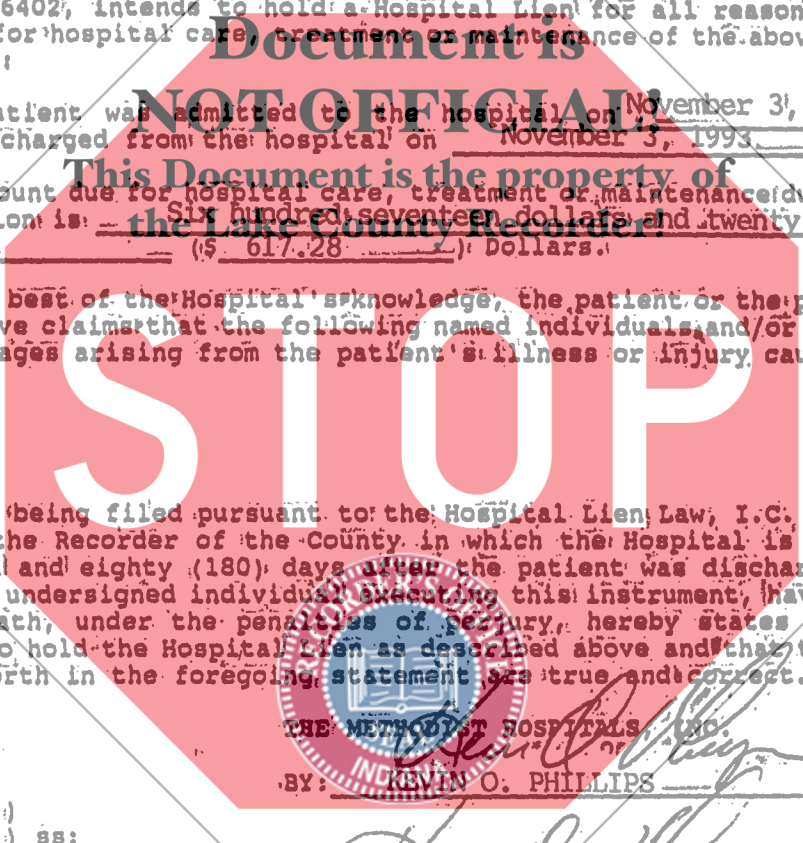
Subscribed and sworn to before me, a Notary Public, this 15th day of Dec, 1993.

[Signature]
Notary Public
A Resident of Gary County

My Commission Expires: 3-24-94

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

3593



REC 27 8 58 AM '93
AMANDA ORLICH
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR REC

64-21-21

[Handwritten initials]