[redacted]

94003960

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

SWORN STATEMENT
& NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Michelle Crane

Patient: MICHELLE Crane 631126857
3279 Swanson CI 2
Portage, In 46368

Attorney: Andrew V. Giorgi
2100 N. Main St., Suite 204
Crown pt., In 46307

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

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!

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 July 20, 1993, and was discharged from the hospital on July 20, 1993.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Eight hundred eighty-nine dollars and no cents ($ 889.00) 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. 5[illegible]-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, being a ACCOUNT REPRESENTATIVE 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

12-13-93

Subscribed and sworn to before me, a Notary Public, this 5th day of December, 1993.

Notary Public

My Commission Expires: 3-24-94

A Resident of Lake County

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

6.00