

94026794

Return To:

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

**SWORN STATEMENT
& NOTICE OF INTENTION TO HOLD HOSPITAL LIEN**

TO: Eric Aloia

Patient: Eric Aloia

1957 Samuelson Road

Portage, In. 46368

Attorney: _____

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., 700 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 13, 1993, and was discharged from the hospital on November 18, 1993.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Ten Thousand Three Hundred Three and thirty one cents (\$ 10,363.31) 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:

CLASSIC OLDSMOBILE
6501 BROADWAY
MERRILLVILLE, IN 46410

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: Karen A Johnson

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

I, Karen Johnson, being a Finicia Consulor for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

Karen A Johnson

Subscribed and sworn to before me, a Notary Public, this 28 day of March, 1994.

Beverly Hoskins
Notary Public

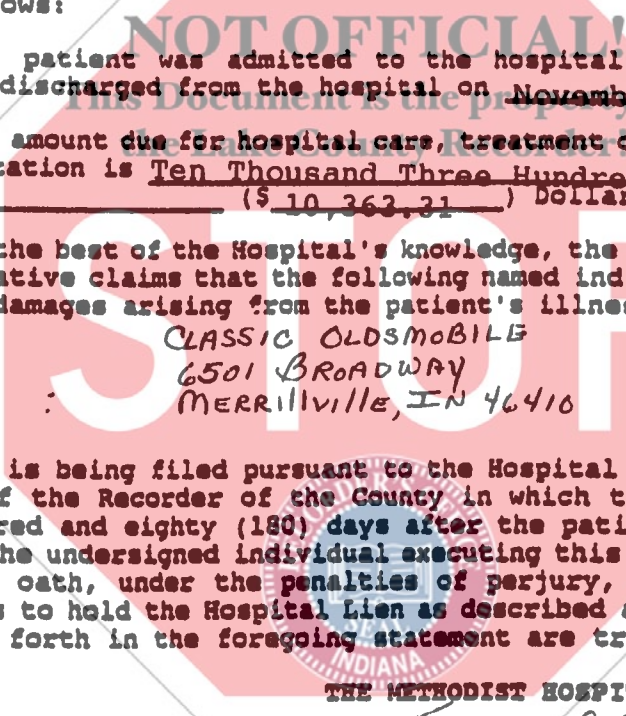
My Commission Expires:

A Resident of Lake County

Jan 11, 1998

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

STATE OF INDIANA, S.S.M.
LAKE COUNTY
FILE FOR RECORD



APR 11 1994
LAKE COUNTY
FILE FOR RECORD

