Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

ro: CARANEAL	
Patient: Oscar Neal	Attorney:
3319 E 9th Place	
Gary, IN 46403	
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
treet, Gary, IN 46402, intends to ecessary charges for hospital care, atient as follows:	t THE METHODIST HOSPITALS, INC., 600 Grant hold a Hospital Lien for all reasonable and treatment or maintenance of the above listed
1. The patient was admitt 9 94, and was discharged from the	ted to the hospital on 2/20 hospital on 3/1/ , 1994.
bove hospitalization is Six thous.	tal care, treatment or maintenance during the and two hundred fourty two dollars 6 fifty-si
egal representative claims that the	tal's knowledge, the patient or the patient's e following named individuals and/of entitles the patient's illness or injury causing the
Oscar Neal	为。生
in the Office of the Recorder of the ithin one hundred and eighty (180) the Hospital. The undersigned individually sworn upon oath, under the personnel intends to hold the Hospital intends the	the County in which the Hospital is located, the County in which the Hospital is located, days after the patient was discharged from vidual executing this instrument, having been enalties of perjury, hereby states that the al Lien as described above and that the facts bing statement are true and correct.
(1)	THE METHODIST HOSPITALS, INC.
TATE OF INDIANA)	Peggy Busch
OUNTY OF LAKE)	Toggy Bason
Peggy Busch Methodist Hospitals, Inc., being dul In the foregoing are true and corre	
Subscribed and sworn to before 19_94.	ore me, a Notary Public, this 29th day of
y Commission Expires:	Virgil Bell / Notary Public A Resident of Lake County
8-6-95	·
This Instrument Prepared By: Clyde	e D. Compton, Attorney at Law
5525 1593	Broadway, Merrillville, Indiana 46410