94027077

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Clydie Delaney			
Patient: Clydie Delaney 330883828	Attorney:	David Gilyan	<u> </u>
395 S. Henry St	_	5544 Broadway	
Gary, In 46403		Merrillville, In	46410
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	311 West	Department of Insur Washington Street, Polis, Indiana 46204	Suite 300
	hold a Hospital treatment or me	Lien for all reasonintenance of the abo	onable and ove listed
1. The patient was admitt 19, and was discharged from the	ed to the hospital on De	on November 12. 1993	24, 1993, , 19
2. The amount due for hospitalization is One thous.	tal care, treatment through		luring the ents
3. To the best of the Hospital stay: 1	following name	d individuals and/or	entities
		Q.	
This Lien is being filed pursuin the Office of the Recorder of the within one hundred and eighty (180) the Hospital. The undersigned individuly sworn upon oath, under the personal intends to hold the Hospital and matters set forth in the forego	ne County in who days after the idual executing nalties of per il Lien as descr	ich the Hospital is patient was discha this instrument has jury, hereby states ibed above and that	located, 22 arged from 10 averaged from
	MOIANA	PHILLIPS	Ľ Ý
STATE OF INDIANA) COUNTY OF LAKE)	51.		
I KEVIN O. PHILLIPS	, being a ACCOUN	T REPRESENTATIVE	for The
Methodist Hospitals, Inc., being duling the foregoing are true and corre	y sworn upon or ct.	th, sale they the factor of th	sts stated
Subscribed and sworn to before 1974.	re me, a Notar	- traliko	t day of
My Commission Expires:	A Resident of	Sike Notary Pu	ounty
1/4 Call 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2			10
This Instrument Prepared By: Clyde		torney at Law Llville, Indiana 46	410