Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

| TO: | Linda Edwards | |
|--|---|---|
| Patient: | Linda Edwards 351089206 | Attorney: Robert Vegter |
| | 733 Lincoln | 101 E. 90th Drive |
| | Gary, In 46404 | Merrillville, In 46410 |
| Lake 2293 | rder of Lake County, Indians County Government Center North Main Street n 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 18, 1993, 19, and was discharged from the hospital on December 21, 1993, 19. | | |
| 2. | The amount due for hospi | tal care, treatment or maintenance during the red fourty two dollars and no cents |
| | presentative claims that the ole for damages arising from | tal's knowledge, the patient or the patient's following named individuals and/or entiples the patient's illness or injury causing the m |
| This Lien is being filed pursuant to the Hospital Lien Law, I.C. \$7278-26 in the Office of the Recorder of the County in which the Hospital is 1604ted, 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. | | |
| STATE OF INDIANA | | |
| COUNTY OF LAKE) | | |
| I KEVIN O. PHILLIPS , being a ACCOUNT REPRESENTATIVE for The Methodist Hospitals, Inc., being duly sworn upon bath, says that the facts stated in the foregoing are true and correct. | | |
| My Commi | phicriped and sworm to before 19 92. | A Resident of Sake County |
| <u> </u> | 18 - 13) | |

STATE OF INDIANA'S S.N.D.
LANE COUNTY
FILED FOR HECORD

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