

94027088

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

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

TO: Lonnie McCarley

Patient: Lonnie McCarley  
1000 Clinton St  
Gary, IN 46406

Attorney: Michael J. Galanis  
2100 N. Main  
Crown Point, IN 46305

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., 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 January 20, 1994, and was discharged from the hospital on January 30, 1994.
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Ten thousand four hundred ninety two dollars (\$10,492.00) 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 caused the hospital stay:

Lonnie McCarley

This Lien is being filed pursuant to the Hospital Lien Law, I.C. §31-18-26 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: Cherrie Hervey  
Cherrie Hervey, Supervisor

STATE OF INDIANA )  
                          ) ss:  
COUNTY OF LAKE )

Cherrie Hervey, being a Supervisor for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

Cherrie Hervey  
Cherrie Hervey

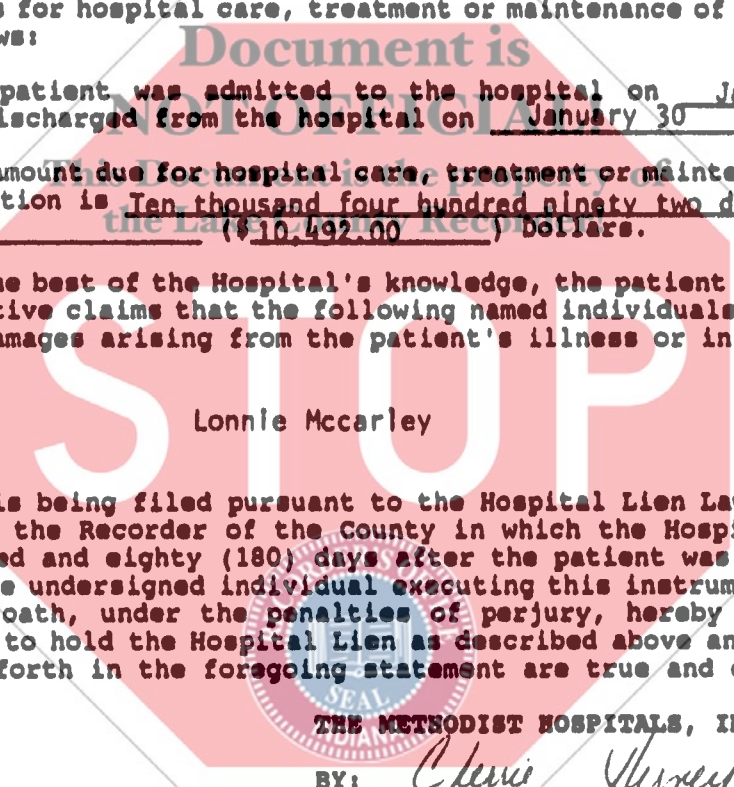
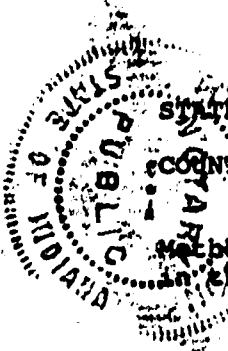
Subscribed and sworn to before me, a Notary Public, this 31st day of March, 1994.

My Commission Expires:

April 2, 1995

Toni R Wesson  
Toni R Wesson  
A Resident of Lake County  
Notary Public

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



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR REC'D  
12 9 1994  
RECORDED

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