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

94030167

SWORN STATEMENT
& NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Gary Foutch

Patient: Gary Foutch 650880941 631306768 631359775

2210 Azalea Dr.

Highland, In 46322

INSURANCE: N/A, Insurance, Progressive Insurance Mark Woodcox

P O Box 251

Schererville, In 46375

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 September 24, 1993, 19___, and was discharged from the hospital on Pending, April 18, ____, 1994.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Two thousand eighty dollars and sixty cents ($2,080.60) 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:

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: BEVERLY KOCHAN Beverly Kochan

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

I BEVERLY KOCHAN, being a COLLECTION SUPERVISOR for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

BEVERLY KOCHAN Beverly Kochan

Subscribed and sworn to before me, a Notary Public, this 19th day of April, 1994.

Janice Fratzke
Notary Public

My Commission Expires: 11-28-95

A Resident of Lake County

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

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