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

34030168

SWORN STATEMENT

	& NOTICE OF INTENTION TO HOLD HOSPITAL LIEN		
TO:	Bessie Parks		
Patient:	Bessie Parks 35118265	$\frac{4}{}$ Attorney:	Leon Sarkisian
	4906 Ivy St.		5655 Broadway .
	EAst Chicago, In 4631	2	Merrillville, In 46410
Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 311 West Washington Street, Suite 300 2293 North Main Street Indianapolis, Indiana 46204 Crown Point, Indiana 46307			
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:			
2.	and was discharged from the h	ospital on _ al care, trea	February 27, 1994 February 27, 1994 Tebruary 27, 1994, 19 Atment or maintenance during the hundred fourty eight dollars
above no	no cents. (\$1.3	48.00	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 causing the hospital stay: This Lien is being filed pursuant to the Hospital Lien Law, I.C. \$3208-26 or 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 of the Hospital intends to hold the Hospital Lien as described above and 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 Methods Taspitals, Manney Lien and Correct The Methods Taspitals, Manney Lien and Correct			
STATE OF	F INDIANA)	BY:	
COUNTY) ss:		
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. KEVIN O. PHILLIPS			
Subscribed and sworn to before me, a Notary Public, this 15th day of 1914. Advise Fratile Notary Public County			
My Commi	asion Expires:	A Resident	of Rike County

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

and

My Commission Expires: 11-28-95