

94030986

Return To:

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

310 43453 5

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

TO: William Edwards

Patient: William Edwards

5705 Hemlock Ave

Gary IN 46403

Attorney: John Kopock

KOPACK & GIKAS  
911 BROADWAY, Suite 66

MERRILLVILLE, IN 46410

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 February 6, 1994, and was discharged from the hospital on February 19, 1994.
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Thirty eight thousand six hundred forty three and three cents (\$38,643.03) 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:

William Edwards

This Lien is being filed pursuant to the Hospital Lien Law, C.C. §33-8-26 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: Cherrie Hervey  
Cherrie Hervey, Supervisor

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

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 15th day of April, 1994.

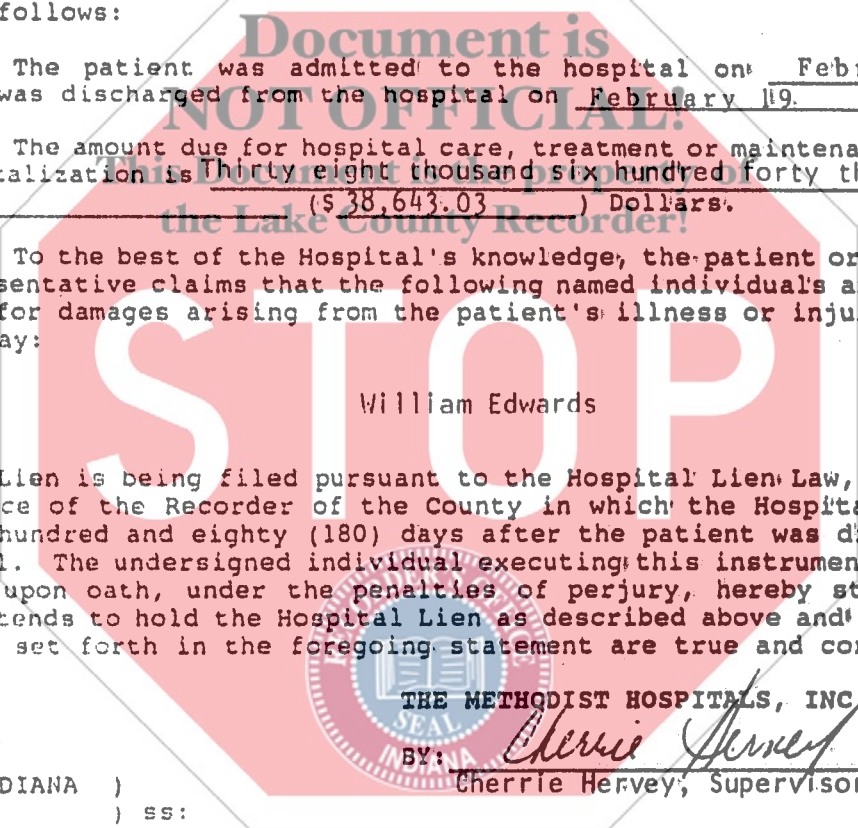
My Commission Expires:

April 2, 1995

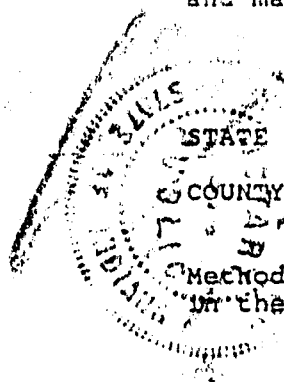
Tom R. Wesson  
Notary Public  
A Resident of Lake County

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

3593



STATE OF INDIANA  
OFFICE OF THE RECORDER OF DEEDS  
LAKE COUNTY  
APR 26 1994  
C.C. §33-8-26



600