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

SWORN STATEMENT 6. NOTICE: OF INTENTION TO HOLD HOSPITAL LIEN

	a notice of intent	ION TO HOLD HOSPITAL LIEN
TO:	Kathleen Peters	
Patient	Kathleen Peters 631283645	Attorney: Michael Troumouliakis
	665 W. 1000 S.	10001 E. 80th Pl. Soule 415N
	Hebron, In 46341	Merrillville, In 46410
Lake 2293	rder of Lake County, Indiana County Government Center North Main Street n Point, Indiana 46307	Indiana Department of Insurance 311 West Washington Street, Suite 300 Indianapolis, Indiana 46204
Street, necessar patient	Gary, IN 46402, intends to ry charges for hospital care, as follows:	THE METHODIST HOSPITALS, INC., 600 Grant hold a Hospital Lien for all reasonable and treatment or maintenance of the above listed ed to the hospital on December 3: 1993 , 19
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Seven hundered fourty four dollars and no cents (\$ 744.00) 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. \$328-26 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 instruments 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.		
	VII./ND	THE METHODIST HOSPITALS, INC. KEVINIO. PHILLIPS
STATE O	F INDIANA)	BY: REVINED: FILLINETS FOR THE STATE OF THE
COUNTY) ss: Of LAKE)	
I KEVIN O. PHILLIPS , being a ACCOUNT' REPRESENTATIVE' for The Methodist Hospitals, Inc., being duly sworn upon oath; says that the facts stated in the foregoing are true and correct. KEVIN O. PHILLIPS A		
Carlot Carlot	1977	A Resident of Rake County
wh remu	ission Expires:	A Resident of Nake County.

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

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