Pt 310512165

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

SWORN STATEMENT
& NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: JEFFERY N Upchurch

Patient: Jeffery N Upchurch
2138 W 49th Place
Gary IN 46408

Attorney: MARK A. THIROS, COHEN + THIROS
8585 BROADWAY, Suite 899
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 October 13, 19 94, and was discharged from the hospital on October 21, 19 94.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Sixteen thousand three hundred twenty eight dollars and two cents ($16328.02) 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:

Jeffery N Upchurch

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: Cherrie Hervey
Cherrie Hervey, Service Activity Mgr

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

I, Cherrie Hervey, being a Service Activity Mgr 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, Service Activity Mgr

Subscribed and sworn to before me, a Notary Public, this 9th day of December, 19 94.

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

My Commission Expires:
April 2, 1995

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

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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
DEC 22 12:25
SAMUEL OLICH RECORDER

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