

Return To:

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

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

TO: MINNIE BUGGS
Patient: BUGGS, MINNIE
8032 HEMLOCK AVE
GARY, IN 46403

Attorney: WILLIE HARRIS
504 BROADWAY
SUITE 1016 GARY, IN 46402

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 600
Indianapolis, Indiana 46204

You are hereby notified that THE METHODIST HOSPITALS, INC., 8701 Broadway, Merrillville, IN 46410, 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 27, 1994, and was discharged from the hospital on OCTOBER 30, 1994.
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is SEVEN THOUSAND EIGHT HUNDRED FOURTEEN DOLLARS AND 75 CENTS. (\$ 7814.95) 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 during the hospital stay:

This Lien is being filed pursuant to the Hospital Lien Law, Indiana Code 32-2-2, 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: Brian Sedoris
BRIAN SEDORIS

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

I, Brian Sedoris, being a SERVICE ACTIVITY MANAGER for the Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

Brian Sedoris
BRIAN SEDORIS

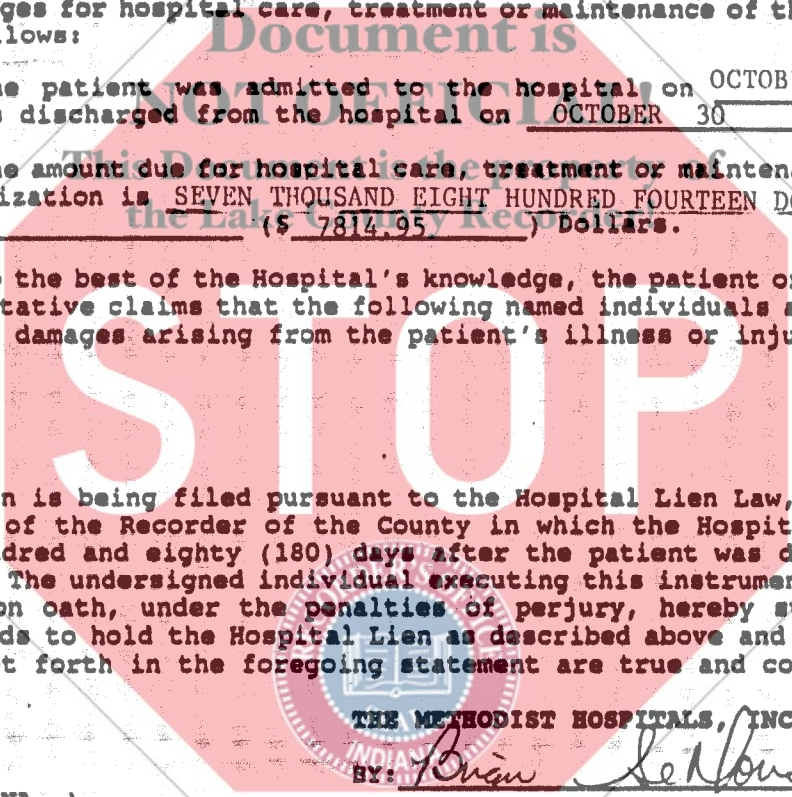
Subscribed and sworn to before me, a Notary Public, this 7th day of December, 1994.

My Commission Expires:

Jan 11, 1998

Bruce H. Hester
Notary Public
A Resident of Lake County

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



94086216
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDING
DEC 22 PM 1:22
SAMUEL ORLOFF
RECORDER