

MARGARETTE N. CLEVELAND
LAKE COUNTY RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
Return To:

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

95004508

95 JAN 26 AM 8:55

SWORN STATEMENT

& NOTICE OF INTENTION TO HOLD HOSPITAL LIEN ↑

TO: ALEXANDRIA DROZDA
Patient: JUDITH DROZDA
4740 PENNSYLVANIA ST
GARY, IN 46409

Attorney: _____

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., 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 december 28, 94, 1994, and was discharged from the hospital on JAN 11, 95, 1995.
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is eighteen thousand six hundred twenty two and no /100 (\$ 18,622.00) 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. §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: Brian Sedoris
XXXXXXXXXXXX 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 13th day of Jan, 1995.

Beverly Hoekse
Notary Public
A Resident of Lake County

My Commission Expires:
Jan 11, 1998

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

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