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

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

TO: MARIAN RIVERA
Patient: Maria Rivera
2108 LA Porte Ave.
Valparaiso, IN 46383

Attorney: Harper & Rogers
304 W. U.S. Highway 6
Valparaiso, IN 46383

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 December 15, 1994 19 , and was discharged from the hospital on December 23, 1994, 19 .
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One Thousand Seven Hundred Twenty One Dollars and Fifty Cents.
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: KEVIN O. PHILLIPS

STATE OF INDIANA)
) SS:
COUNTY 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

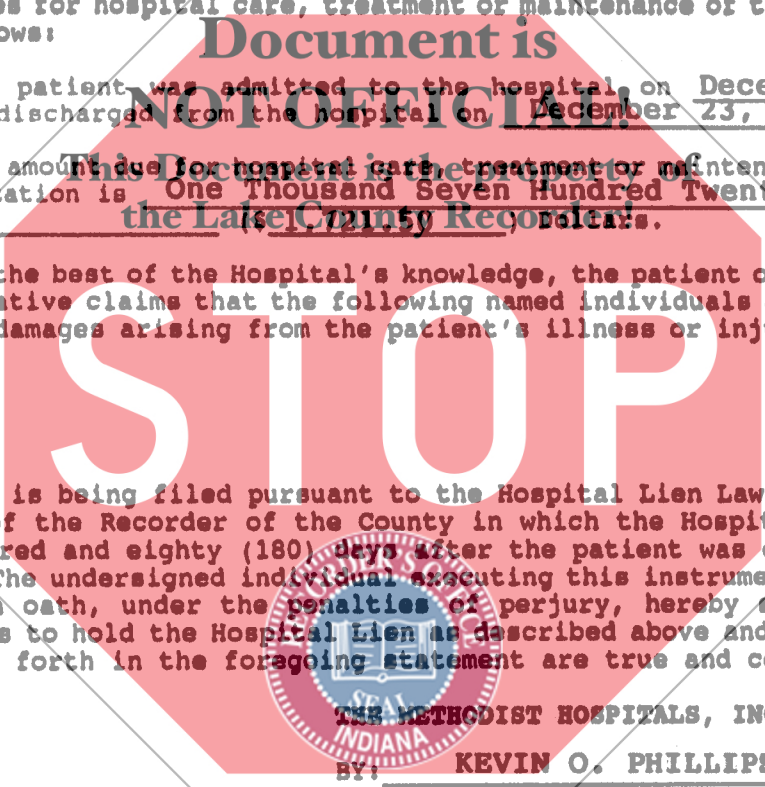
Subscribed and sworn to before me, a Notary Public, this 31st day of January, 1995.

My Commission Expires: 11-29-95

Jamie Butke
Notary Public
A Resident of Lake County

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

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MARGARETTE N. CLEVELAND
LAKE COUNTY RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
95 FEB -2 8:33

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