STATE OF INDIANA

LAKE COUNTY

FILED FOR RECOGNIGES & Davis, P.C.

5525 Broadway

95 FEB 27 AH 9400111ville, Indiana 46410

95010121

95 FEB 27 SWORN STATEMENT

TO: RUIH BICCS			RECORDER	
ACCIS		Ruth Biggs	Attorney	Qus Galanos
3311736	58	1188 Mount St.		5655 Broadway
3312104	50	Gary, In 46406	*	Merrillville, IN 46410
	Lake 2293	der of Lake County, Indiana County Government Center North Main Street Point, Indiana 46307	311 Wes	Department of Insurance t Washington Street, Suite 300 polis, Indiana 46204
	Street, necessar patient	Gary, IN 46402, intends to he charges for hospital care, to as follows:	old a Hospita creatment or m lment is d to the hos	pital on November 15, 1994
	19, a	ind was discharged from the h	ospital on F	but 15, 1995 , 19
	above ho and No	spitalization is Two Thousan	nd Four Hundr	mentior maintenance during the ed Fourty Four Collars Dollars.
	3.			e, the patient or the patient's ad individuals and/or entities
1 1		le for damages arising from t		illness or injury causing the
	in the C	office of the Recorder of the one hundred and eighty (180)	e County in w	spital Lien Law, I.C. \$32-8-20 hich the Hospital is located, he patient was discharged from
	duly swo	orn upon oath, under the pen intends to hold the Hospital	alties of per Lien as desc	g this instrument, having been rjury, hereby states that the ribed above and that the facts
	and matt	ers set forth in the foregoi	THE METHODIST	HOSPITALS, INC.
-	STATE OF	r INDIANA)	BY! KEVIN O.	HILLIPS Klum & Zu
	COUNTY) ss:		
			sworn upon o	INT REPRESENTATIVE for The ath, says that the facts state
				. PHILLIPS New Of The
	y si	ubscribed and sworn to befor	re me, a Nota	ary Public, this 234 day o
	Van Gameri	()	A Resident o	Notary Public County
	My Comm:	ission Expires:	y Vestreiic O	country

11-28-95