Hodges & Davis, P.C. Attorneys at Law Return To: Hodges & Davis, P.C. 5525 Broadway 8700 Broadway Merrillville, Indiana 46410 Morrikuille, It. 46410 SWORN STATEMENT NOTICE OF INTENTION TO HOLD HOSPITAL LIEN TO: KaymonoL DRENCER Patient: RaymondLSpencer Attorney: 1931 W 14th Ave Gary, IN 46409 Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 311 West Washington Street, Suite 300 2293 North Main Street Indianapolis, Indiana 46204 Crown Point, Indiana 46307 You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Dien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows: The parient was admitted to the hospital on March 29 19 os and was discharged from the hospital on March 31 This Document is the property of

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Laken thousand seventy-six dollars and sixty-five cents 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: Raymond Spencer 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 Lien as described above and that the facts and matters set forth in the forces of perjury and correct. and matters set forth in the foregoing statement are true and correction THE METHODIST HOSPITALS, INC. STATE OF INDIANA Peggy Busch 88: COUNTY OF LAKE I, Peggy Busch , being a Financial Counselor for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. Peggy Busch Subscribed and sworn to before me, a Notary Public, this $\frac{29}{10}$ day of ____, 19<u>9</u>5. My Commission Expires: A Resident of County 8-6-99

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