Hodges & Davis, P.C. 8700 Broadway Merrillville, Indiana 46410

## SWORN STATEMENT 4 NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

1057 Polk 1057 P		TO:	SONYA HARRISON				
Merrillville, IN 46410  Merrillville, IN 46410  Merrillville, IN 46410  Merrillville, IN 46410  Indiana Department of Insurance 311 Mest Weshington Street, Gary, IN 46402  You are hereby notified that THE METHODIST MOSPITALS, INC., 600 Grants of the short of the control of the mospital case, the state of the short of the short of the mospital of the patient as follows:  1. The patient was admitted to the nopital on May 4, 1995  2. The amount days of the Westignard Street, Gary, IN 46402, including the choice of the hoppital on May 4, 1995  19, and was discrepted Street Hastistand or the nopital on May 4, 1995  2. The amount days of the Westignard May Receive the anthematical on May 4, 1995  19, and was discrepted Street Hastistand or the nopital on May 4, 1995  2. The amount days of the Westignard May Receive the anthematical days and No Cents.  3		Patient	Sonya Harrison	Attorney	Christian Gielow		
Indiana Department of Insurance 31320325 Recorder of Lake County, Indiana 31371930 Lake County Government Center 311 West Washington Street, Suite 300 Street, Gary, In 46402, Internet to hard a Homeland for all reasonable and patient as follows:  Street, Gary, In 46402, Internet to hard a Homeland for all reasonable and patient as follows:  1. The patient was admitted to the homeland on May 4, 1995  2. The mount duh of the Religious Homeland for the homeland on the homeland of the above hightalisation is Two Thousand One Hundred Nanety Elight Dollars  2. The mount duh of the Religious Processor, 198,00 Dollars  3. To the best of the Hospital's knowledge, the patient or the patient's legal representative distins that the following hand individuals and for entities are liable for damages arising from the patient's libers or injury causing the hospital stay:  This Lien is being filed pursuant to the Hospital Lien Law, I.C. \$12-8-26 in the Office of the Recorder of the Charty in which the Hospital is located, within one hundred and sighty (180) ways are the patient was discharged from the Hospital Intended to had the Hospital Dears and the Hospital Processor and that the facts and matters set forth in the foregoing materials are proposed and that the facts and matters set forth in the foregoing materment are true and correct.  STATE OF INDIANA   Sai  COUNTY OF LAKE    STATE OF INDIANA   Sai  COUNTY OF LAKE    STATE OF INDIANA   Sai  COUNTY OF LAKE    Methodist Hospital, Inc., being duly sworn upon oath, says that the facts and matters set forth in the foregoing are true and correct.  KEVIN O. PHILLIPS   Amount of the Motary Public    My Commission Expires: A Resident of facts   Notary Public    A Resident of facts   Notary Public    My Commission Expires: A Resident of facts    8700 Broadway, Mertillville, Indiana 46410    Notary Public    Notary P			1057 Polk		5655 Broadway		
3131371930 Lake County Government Center  311 West Washington Street, Suite 300  Street, Cary, IN 46402, Internated that THE METHODIST BOSPITALS, INC., 600 Grants  Street, Cary, IN 46402, Internated that THE METHODIST BOSPITALS, INC., 600 Grants  1. The parient was addition to the Bospital on May 4, 1995  2. The amount deh for heaptical care, treatment of method Ninety English Dollars  and was discretified that the Methodist Hospital on May 4, 1995  2. The amount deh for heaptical care, treatment of method Ninety English Dollars  and No Center. (\$2,198.00 ) Dollars  3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following mand individuals and/or entities are liable for damages string from the patient's library of mand and content the morpital stay  This Lien is being filed pursuant to the Hospital Lien Law, I.C. \$328-26 in the Office of the Recorder of the Washington the Hospital is located, within one hundred and eighty (180) Mays attent the patient was discharged from the Bospital The understoned individual swading this instrument, having been duly sworn upon oath, under the principles of perjury, hereby states that the Hospital Indians described above and that he facts and matters set forth in the forecology matterest are true and correct.  THE AMERICANT HOSPITALS, HEC.  STATE OF INDIANA  SUBscribed and sworn to before me, a Notary Public, this 3/E day of Mays And that the facts and the forecology may be an experience of the fact of t	ACCTS.		Gary, IN 46402		Merrillville, IN 4641	<u>o</u>	
Street, Gary, IN 46402 intents to hold a Repair Field for all reasonable and patient as follows:  1. The patient was admitted to the hospital on May 4, 1995  2. The amount chi soft hospital and the street of maintenance of the above listed above hospitalization is two Thousand one Hundred Minety Eight Dollars and No Cents. [52,198.00]  3. To the bastof the Hospital's knowledge, the patient or the patient's legal representative olims that the following maned individuals and for entities are liable for damages arising from the patient's literas or injury causing the Within one hundred and eighty (1801) have attent was disarred from the Hospital. The undersigned individuals executing this instrument, having been duly sworn upon oath, under the possible of prefury, hereby states that the Goldward and matters set forth in the forecology statement are true and correct.  THE AMENDOIST BOSPITALS, MC.  STATE OF INDIANA   SSI  COUNTY OF LAKE   SSI  I KEVIN O. PHILLIPS   Design ACCOUNT REPRESENTATIVE for the Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts street in the foregoing are true and correct.  KEVIN O. PHILLIPS   Manual Ma	3313719	30 Lake 2293	County Government Center North Main Street	r 311 Wes	t Washington Street, Suite	<b>•</b> • • • • • • • • • • • • • • • • • •	
2. The amount due of boat Crimers. Received of maintenance during the above hospitalization is Two Thousand One Hundred Ninety Eight Bollars  and No Cents. (\$2.198.00) bollars.  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 School of 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 Chimyrin which the Hospital is located, within one hundred and eighty (180) ways after the patient was discharged from the Hospital. The undersigned infile duel swenting this instrument, having been duly sworn upon oath, under the Forseties of serious, having been duly sworn upon oath, under the Forseties of serious, having been duly sworn upon oath, under the Forseties of serious, having been duly sworn upon oath, says that the facts and matters set forth in the forseties described above and that the facts and matters set forth in the forseties of serious, was the true 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 Lum Law		street, necessar patient	Gary, IN 46402, intendary charges for hospital charges for hospital charges follows:	to hold Hospitalier U	Lien for all reasonable earntenance of the above lis	and sted	
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. \$3248-26 in the Office of the Recorder of the Cachyr in which the Hospital is located, within one hundred and eighty (180) have after the patient was discharged from the Hospital. The undersigned individual sweeting this instrument, having been duly sworn upon oath, under the patient of parjury, 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 reatment are true and correct.  STATE OF INDIANA  STATE OF INDIANA  SSI  COUNTY OF LAKE  I KEVIN O. PHILLIPS  Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.  KEVIN O. PHILLIPS  KEVIN O. PHILLIPS  KEVIN O. PHILLIPS  My Commission Expires:  A Resident of  My Commission Expires:  A Resident of  My Commission Expires:  A Resident of  A Resident of  By Notary Public  County  A Resident of  By Notary Fublic  County  Clyde D. Compton, Attorney at Law  8700 Broadway, Merrillville, Indiana 46410		2.	The amount due for his spitalization is Two Th	ousand One Hund	menter maintenance during ired Ninety Eight Doll	the ars	
This Lien is being filed pursuant to the Hospital Lien Law, I.C. \$32-8-26 in the Office of the Recorder of the Universal which the Hospital is located, within one hundred and eighty (180) ways after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been duly sworn upon oath, under the pointlies 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 forecologists toment are true and correct.  STATE OF INDIANA  SET INC., 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 3/2 day of  My Commission Expires:  A Resident of Notary Public  My Commission Expires:  A Resident of Notary Public  County  11-28-95  This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, Indiana 46410		legal re are liab	presentative claims that le for damages arising f	the following nam	ed individuals and/or entit	STATE OF LAKE OF STATE OF STAT	
STATE OF INDIANA )  SSS:  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 Slum Stated in the foregoing are true and correct.  KEVIN O. PHILLIPS Slum Stated in the foregoing are true and correct.  KEVIN O. PHILLIPS Slum Stated in the facts stated in the foregoing are true and correct.  KEVIN O. PHILLIPS Slum Stated in the facts stated in the foregoing are true and correct.  KEVIN O. PHILLIPS Slum Stated in the facts stated in the facts stated in the foregoing are true and correct.  KEVIN O. PHILLIPS Slum Stated in the facts stated in the facts stated in the facts stated in the foregoing are true and correct.  KEVIN O. PHILLIPS Slum Stated in the facts stated in the fa		in the (within of the Hospital Hospital	office of the Recorder of the hundred and eighty (sital. The undersigned in the upon oath, under the intends to hold the Hos	of the County in w 180) days after the ndividual execution sponalties of pe pttal Lien as desc	which the Hospital is local ne patient was discharged ng this instrument, having he rjury, hereby states that cribed above and that the fa	rom o o o o o o o o o o o o o o o o o o	
STATE OF INDIANA  SS:  COUNTY OF LAKE  I KEVIN O. PHILLIPS  Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.  KEVIN O. PHILLIPS  KEVIN O. PHILLIPS  My Commission Expires:  A Resident of  Notary Public  Notary Public  Notary Public  County  1-28-95  This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, Indiana 46410				THE ARTHODIST	HOSPITALS, INC.	111	
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 3/4 day of tracke  My Commission Expires:  A Resident of Take  Notary Public County  11-28-95  This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, Indiana 46410	Handa ye yeri		) 88:	BY: KEVIN (	o. PHILLIPS Jun V.	Truly	
Subscribed and sworn to before me, a Notary Public, this 3/2 day of white tracke  My Commission Expires:  A Resident of Notary Public County  1/-28-95  This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, Indiana 46410			I KEVIN O. PHILLIPS , being a ACCOUNT REPRESENTATIVE for The				
My Commission Expires:  A Resident of Notary Public County  11-28-95  This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, Indiana 46410				orrect.		Muy	
My Commission Expires:  A Resident of County		su	bscribed and sworn to b	drue	trable	of .	
This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, Indiana 46410		My Commi	ssion Expires:	A Resident of			
8700 Broadway, Merrillville, Indiana 46410 // 💜			1-28-95				
						C r	