

Return To:

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

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

TO: CARLA BOEX

Patient: Carla Boex 632024659  
4232 Van Buren  
Gary, IN 46408

Attorney: Saul Ruman  
5261 Hohman  
Hammond, IN 46320

Recorder of Lake County, Indiana  
Lake County Government Center  
2293 North Main Street  
Crown Point, Indiana 46307

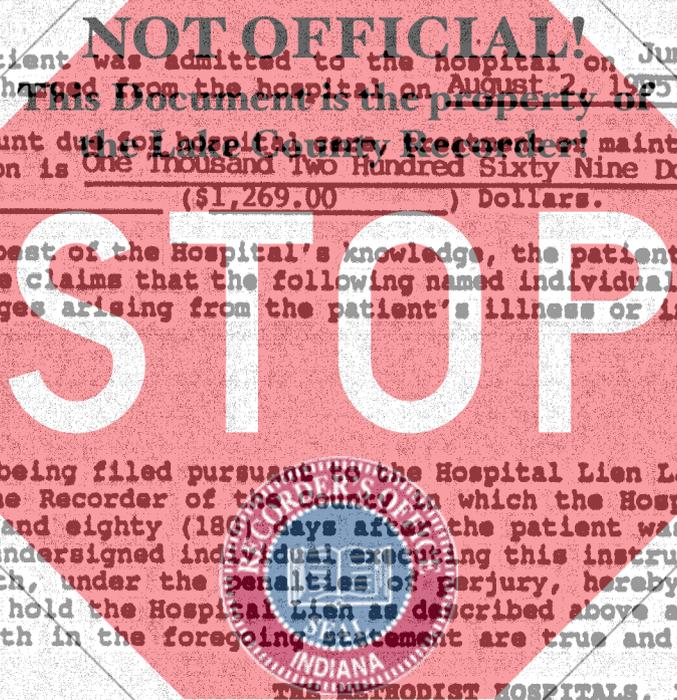
Indiana Department of Insurance  
311 West Washington Street, Suite 300  
Indianapolis, Indiana 46204

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 June 29, 1995, 1995, and was discharged from the hospital on August 2, 1995, 1995.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One Thousand Two Hundred Sixty Nine Dollars and No Cents. (\$1,269.00) 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 hospital stay:



This Lien is being filed pursuant to the Hospital Lien Law, I.C. §32-26 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

*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

*Kevin O. Phillips*

Subscribed and sworn to before me, a Notary Public, this 21<sup>st</sup> day of September, 1995.

Janice Inalke  
Notary Public

My Commission Expires:

A Resident of Lake County

11-28-95

This Instrument Prepared By: Clyde D. Compton, Attorney at Law  
8700 Broadway, Merrillville, Indiana 46410

3593

95057733

95 SEP 26 AM 8:56

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

*R*

900