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

SWORM STATEMENT A MOTICE OF INTENTION TO HOLD HOSPITAL LIEM

Patient: James Joyce 2715 W. 6 TH. AVE. Gary, IN 46407 S. Gary, IN 46407 Merrillville, in 46410 1703 Recorder of Lake County, Indiana Lake County Government Center 1233 Morth Main Street 1703 Morth Main Street 1703 Morth Main Street 1703 Morth Main Street 1704 Morth Main Street 1705 Morth Main Morth		JAMES JOYCE			
S. Gary, IN 46407 Merrillville, in 46410 1703 Recorder of Lake County, Indiana Lake County Government Center 2793 Morth Main Street Crown Point, Indiana 46307 You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all resonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows: 1. The patient was additive to the Hospital on August 13, 1995 19_, and was discharged from the hospital on August 18, 1995 2. The amount doe for hospital care, treatment or maintenance during the above hospitalization is 100 flours and No Centes 100 Cente	Patient:	James Joyce	Attorney:	David Gilvan	
Merrillville, in 46410 1703 Recorder of Lake County, Indiana Lake County Government Center 2793 North Nain Street 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 concessary charges for hospital care, treatment or maintenance of the above listed patient as follows: 1. The patient was activity in August 13, 1995 above hospitalization as a street, and was discharged from the hospital on August 18, 1995 and was discharged from the hospital on August 18, 1995 and was discharged from the hospital on August 18, 1995 and was discharged from the hospital on August 18, 1995 and was discharged from the hospital of Unindered Eight Con Dollars and No Confest 100 No. 1991 and 1995 and		2715 W. 6 TH. AVE.			
1703 Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street 311 West Washington Street, Suite 300 Lake County Government Center 311 West Washington Street, Suite 300 Morth Main Street Grown Point, Indiana 46307 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 County of Lake 11 to the Lord of the above listed of patient as follows: 1. The patient was activited to the lospital in August 13, 1995 and was discharged from the hospital on August 18, 1995 and was discharged from the hospital on August 18, 1995 and was discharged from the hospital on August 18, 1995 and was discharged from the hospital of Hospital Street, County In Gill of Hospital Street, County In Gill of Hospital Street, County In Gill of Hospital Street, County In which the Hospital Street County In which the Hospital Is lowering the hospital stay: This Lien is being filed pursuant to the Hospital Lien Law, I.C. \$1226-26 Vin the Office of the Recorder of the County In which the Hospital is lowering the hospital stay: This Lien is being filed pursuant to the Hospital Lien Law, I.C. \$1226-26 Vin the Office of the Recorder of the County In which the Hospital is lowering the hospital stay: This Lien is being filed pursuant to the Hospital Lien Law, I.C. \$1226-26 Vin the Office of the Recorder of the County In which the Hospital is lowering the hospital stay: This Lien is being filed pursuant to the Hospital Lien Law, I.C. \$1226-26 Vin the Office of the Recorder of the County In which the Hospital is lowering the hospital stay: This Lien is being filed pursuant to the Hospital Lien Law, I.C. \$1226-26 Vin the Office of the Recorder of the County In which the Hospital Street, But II and	s.	Gary, IN 46407			
street, Gary, IN 4402, intends to hold a Hospital Lien for all reasonable and macessary charges for hospital care, treatment or maintenance of the above listed patient as follows: 1. The patient was additible to the localitation august 13, 1995. 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Two Thousand Two Hundred Eighteen Dollars and No Coates I Dutantilistic Published. 3. To the best of the Bobbital's involved 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 library causing the hospital stay: This Lien is being filed pursuant to the Hospital Lien Law, I.C. \$320-26 \(\) in the Office of the Recorder of the County in which the Hospital is localed, is within one hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigned individual assenting this instrument, having been buy, secon upon eath, under the penaltial of perjury, hereby states that the Hospital intends to hold the Hospital kiam if described above and that the facts come and matters set forth in the foregoing statement are true and correct. STATE OF INDIANA STATE OF INDIANA COUNTY OF LAKE I KEVIN O. PHILLIPS Methodist Hospitals, Inc., being duly sworn upon eath, says that the facts and the foregoing are true and correct. KEVIN O. PHILLIPS Matter of the facts and the foregoing are true and correct. KEVIN O. PHILLIPS Subscribed and sworn to before me, a Notary Public, this 324 day of	1703 Recor Lake 2293	County Government Center North Main Street	311 We	a Department of Insurance st Washington Street, Suite 300	
3. To the best of the Respital's thouleder, 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 Gausing the hospital stay: This Lien is being filed pursuant to the Bospital Lien Law, I.C. \$3296-26 \(\) in the Office of the Recorder of the County in which the Bospital is located, I within one hundred and eighty (180) days after the patient was discharged from the Bospital. The undersigned individual executing this instrument, having been being sworn upon oath, under the penaltian of perjury, hereby states that the IR Bospital intends to hold the Bospital that described above and that the facts on and matters set forth in the foregoing statement are true and correct. STATE OF INDIANA COUNTY OF LAKE I KEVIN O. PHILLIPS Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts attend in the foregoing are true and correct. KEVIN O. PHILLIPS Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts attend in the foregoing are true and correct. KEVIN O. PHILLIPS May Described and sworn to before me, a Notary Public, this 30 day of the patient	Street, necessar patient 19, a	Gary, IN 46402, intends to charges for hospital car as follows: The patient was additioned was discharged from the charged from the control of the control of the charged from	to hold a Hospite, treatment or the hold to the hold t	al Lien for all reasonable and maintenance of the above listed on August 13, 1995 , 19	5068
This Lien is being filed pursuant to the Bospital Lien Law, I.C. \$3296-26 Vin the Office of the Recorder of the County in which the Bospital is located, within one hundred and eighty (180) days after the parient was discharged from the Bospital. The undersigned individual executing this instrument, having been aduly sworn upon oath, under the penaltion of perjury, hereby states that the Hospital intends to hold the Hospital Lien to the scribed above and that the facts of and matters set forth in the foregoing statement are true and correct. STATE OF INDIANA I KEVIN O. PHILLIPS Lie Law Located County of the Bospitals, 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 34 day of the sum of	3. legal re are liab	To the best of the Hosp presentative claims that the for damages arising from	GLAPHONE PARTY RES	corder or the patient's med individuals and/or entities	
STATE OF INDIANA 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 MAN AND AND AND AND AND AND AND AND AND A	in the C within c the Hosp duly swo Hospital	office of the Recorder of the hundred and eighty (18 ital. The undersigned indom upon oath, under the intends to hold the Hospi	the County in (0) days after the lividual execution penaltian of penaltian of penaltian of penaltian of penaltian of penaltian of penaltian days	spital Lien Law, I.C. \$3296-26 which the Hospital is located, the patient was discharged from mg this instrument, having been srjury, hereby states that the cribed above and that the facts.	8: N 6- A
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 3rd day of the facts stated in the foregoing are true and correct.	STATE OF	P INDIANA) OF LAKE)	BY EAKEVIN	O. PHILLIPS lun &	ide
Subscribed and sworn to before me, a Notary Public, this 3rd day of	Wethod T	1 KEVIN O. PHILLIPS	, being a ACCC	OUNT REPRESENTATIVE	
	in the f	oregoing are true and cor	rect.		w
My Commission-Expires: A Resident of LARO, County	Su Su	ibscribed and sworn to be	ofore me, a Not	-t- 1-11-	0
	- Nau			Notes - Public	
11-28-95		.ssion-Expires:		Notary Public County	į

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