SWORM STATEMENT

`	4 NOTICE OF INTENTI	ON TO HOLD	ROSPITAL LIEN	
T 01	KEITH CAMPBELL			
Patient	Keith Campbell	Attorney	Psimos & Psimos	
	828 Tyler	•	7878 Broadway, STE 140	
CCTS.	Gary, IN 46402		Merrillville, IN 46410	•
1415992 Lake	rder of Lake County, Indiana County Government Center North Hain Street Point, Indiana 46307	311 Wes	a Department of Insurance at Washington Street, Suite 300 apolis, Indiana 46204	
Street, necessar	Gary, IN 46402, intends to h	old a Hospita	ST HOSPITALS, INC., 600 Grant al Lien for all reasonable and maintenance of the above listed	
19, 1	The patient was admitted and was discharged from the h	ospital on the	July 10, 1995 ugust 30, 1995 , 19	950
above ho	epitalization is one chouse	and One Hur 117.00)	tment or maintenance during the dyed Severteen Dollars an Dollars.	6835
legal re are liab hospital	To the best of the Hospit presentative claims that the ole for damages arising from	al's knowledg following nam	e, the patient or the patient's ped individuals and/or entities illness or injury causing the	
in the (within of the Hosp duly swe Hospital	Office of the Recorder of the one hundred and eighty (180) bital. The undersigned indivi-	e County in a days after the dual execution as per contract of per contract days of the contract of the contra	spital Lien Law, I.C. \$32-126 hich the Hospital is located, the patient was discharged from having been rjury, hereby states that the cribed above and that the facts are true and correct.	NOV -9
		Sput / B	O. PHILLIPS Our S. H.	3
STATE OF	PINDIANA) SS:			D, F
in the f	I KEVIN O. PHILLIPS St Hospitals, Inc., being duly coregoing are true and correct abscribed and sworn to before 1 19 96.	KEVIN	O. PHILLIPS San N. M.	My Mary

This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, Indiana 46410 3593

My Commission Expires:

A Resident of _

C1#3386

County