Rodges & DEVIS, P.C. 8700 Broadway Marrillville, Indiana 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD MOSPITAL LINY

	<u>NAHKA GEFER GUR</u> Barita Greer	
		Attorney: Peter Manous
	53 Jackson	P O Box 10607
rs. <u>G</u> a	rv. IN 46407	Merrillville, IN A6410
165 Lake Cour 2293 Nort	of Lake County, India nty Government Center th Main Street int, Indiana 46307	na Indiana Department of Insurance 311 West Washington Street, Suite 300 Indianapolis, Indiana 46204
Street, Gary	y, IN 46402, intends to larges for hospita/ care	at THE METHODIST HOSPITALS, INC., 600 Grant o hold a Hospital Lien for all reasonable and e, treatment or maintenance of the above listed
1. 19, and s	The patient was admi	cument 18 tted to the hospital on September 12, 1995 hospital on October 20, 1995
2. above hospit	The amount due for hospalization line Woodle	pital cars, treatment or maintenance during the crising the critical cri
3.	the Lake	e County Récorder! pital's knowledge, the patient or the patient's continue he following named individuals and/or entities
	for damages arising fro	om the patient's illness or injury causing the w
in the Office within one of the Hospital duly sworn Hospital into	ce of the Recorder of hundred and eighty (18 L. The undersigned ind upon oath, under the tends to hold the Hospi	the County in which the Hospital is located,  the County in which the Hospital is located,  d) days after the patient was discharged from  ividual executing this instrument, having been  penaltimes of perjury, hereby states that the  tal lien as described above and that the faits  coling statement are true and correct.
		THE NETHODIST HOSPITALS, MC.
STATE OF IN	DIANA - )	MOIANA.
COUNTY OF LI	KEVIN O. PHILLIPS	, being a ACCOUNT REPRESENTATIVE for The
MethodIst Ho		uly sworn upon oath, says that the facts stated rect.
		KEVIN O. PHILLIPS for O'l Hill
Subsc	ribed and sworn to be	fore me, a Notary Public, this 6th day of
	an Punivee:	A Resident of Sake Notary Public County
My Commission		

CK# 3388 00