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

ro: Richard Espinoza	
Patient: Richard Espinoza	Attorney: Jeffery Oliveria
448 McKinley Street	101 E. 90th Drive
Gary, IN 46402	Merrillville, IN 46402
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indianapolis, Indiana 46204
Street, Gary, IN 46402, intends to necessary charges for hospital care patient as follows:	t THE METHODIST HOSPITALS, INC., 600 Grant hold a Hospital Lien for all reasonable and treatment or maintenance of the above listed
to or and the discharged from the	ted to the hospital on 9/22 hospital on 10/20 , 19 95.
2. The amount due for hosp	ital care, treatment or maintenance during the and eight hundred eighty dollars
legal representative claims that the are liable for damages arising from	ital's knowledge, the patient or the patient's he following named individuals and/or entities m the patient's illness or injury causing the
hospital stay:	MARGAREI
in the Office of the Recorder of within one hundred and eighty (180 the Hospital. The undersigned indiduly sworn upon oath, under the property of the Magnetic Control of the	suant to the Hospital Lien Law, I.C. \$32 3726 CD the County in which the Hospital is located, by days after the patient was discharged from twidual executing this instrument, having been consulties of perjury, hereby states that the tall Lien as described above and that the facts coing statement are true and correct.
	THE METHODIST HOSPITALS, INC.
(1)	BY: Veronica & Lee
STATE OF INDIANA ) ) ss: COUNTY OF LAKE )	
in the foregoing are true and cor	, being a Account Representative for The uly sworn upon oath, says that the facts stated rect.  Yeronica S. Lee
Subscribed and sworn to be	fore me, a Notary Public, this 2 <sup>M</sup> day of
My Commission Expires:	A Resident of Rake Notary Public County
11-28-99	
The Santanana Brananad But Cly	de D. Compton, Attorney at Law Do Broadway, Merrillville, Indiana 46410

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