

310657861

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

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

TO: CHARLES GRAVES, GUARANTOR FOR:

Patient: Trisha Graves  
4206 Massachusett  
Gary IN 46409

Attorney: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

96033375

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 December 29 1995, and was discharged from the hospital on January 17, 1996.
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Twenty two thousand ninety six dollars and ten cents (\$ 22096.10 ) 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 the hospital stay:

Group Administrators

This Lien is being filed pursuant to the Hospital Lien Law, I.C. §32-8-26 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: Cherrie Mitchell  
Cherrie Mitchell, Service Activity Manager

STATE OF INDIANA )  
                                  ) ss:  
COUNTY OF LAKE    )

I, Cherrie Mitchell, being a Service Activity Manager for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

Cherrie Mitchell  
Cherrie Mitchell, Service Activity Mgr

Subscribed and sworn to before me, a Notary Public, this 10<sup>th</sup> day of May, 1996.

My Commission Expires: April 2, 1999

Amie L. WEAVER  
Notary Public  
A Resident of Dake County

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

3593

900 SW  
CK# 3902

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

MAY 21 9 52 AM '96  
RECORDED