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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Claude Jackson Ju	<u> </u>	·	
Patient:	Claude Jackson J	r. Attorney:		
•	2370 Waverly Driv Gary, IN 46404	/e_ -		·
Lake (2293 1	der of Lake County, Ind County Government Cente Forth Hain Street Point, Indiana 46307	iiana Indiana er 311 Wes Indiana	Department of Insurt Washington Street,	suit 500
Street, (necessary	are hereby notified Gary, IN 46402, intends charges for hospital of as follows:	to hold a Hospita	d Lien for all reasonaintenance of the ab	onable and
19 <u>96</u> , a r	The patient was and was discharged from	ocument 1S imitted to the hos the hospital on A	May 10	<u>, 19 96</u> .
2. above hos		cospital care, treat	ment or paintenance hundred thirty	dollars
3. legal rep	To the best of the H presentative claims that a for damages arising	ospital's knowledge t the following name	e, the patient or the ed individuals and/o	FLED FOR RES
in the Or within or the Hospi duly swo Hospital	is Lien is being filed ffice of the Recorder he hundred and eighty (tal. The undersigned in upon oath, under the intends to hold the Holers set forth in the form	of the County in w (180) days after th individual executin expension of per spital Lien as desc	hich the Hospital in the patient was disch- tog this instrument, h rjury, hereby states ribed above and that	s located; arged from aving been that the the facts
		THE BETRODIST	HOSPITACE, INC.	L
STATE OF) 88: //	A Sperma I	name cal Com	for The
	Hospitals, Inc., being bregoing are true and co		ath, says that the fa	
Sul	oscribed and sworn to		ary Public, this /2	2
My Commit	ssion Expires:	A Resident o		County
	-6-99	•		
This Inst	rument Prepared By:	Clyde D. Compton,	Attorney at Law	46410

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