STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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97 FEB 14 AH 8: 43

MORHIS W. CARTER RECORDER

#632805966

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

TO:

Colleen Raycroft

Patient:

Colleen Raycroft

1808 Oliver Street Whiting, In 46394 Attorney: Jeffery Oliveria

101 E. 90th Dr

Merrillville, In 46410

Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307

Indiana Department of Ins. 311 W. Washington St, St 300 Suite 300 Indianapolis, Indiana 46204

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 1/7, 1997, and was discharged from the hospital on 1/0, 1997.
- 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Three thousand nine hundred fourty six dollars fiftythree cents. \$3.946.53 ) 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:

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.

statement are true	and correct.	JEAL				
		WOIANA.	THE METHO	PIST HOSPITA	ALS, INC	•
		(1)	BY: Glady	s Hinton		
STATE OF INDIANA	)					
	) as:					
COUNTY OF LAKE	)					
I Gladys Hin	ton	, being	a Acco	unt Represe	ntative	for The
Methodist Hospital	ls, Inc., beir	ng duly sw	orn upon	oath, says	that the	e facts
stated in the fore	egoing are tru	e and cor	rect. n	11		
	, , , , , , , , , , , , , , , , , , ,			tento		
		(2)		s Hinton		
					124	
_Subscribed an	nd sworn to be	efore me,	a Notary	Public, thi	LB /0	day of
February	, 19 <u><i>9</i>7</u> .		-W	4 .00		
<del>-</del>		_	Yau	u tratike		
My Commission Expi	res:	_	- D	.)00	Notary	Public
		2	<i>i</i> Resident	or Sok	0	County
11-28-99						_
This Instrument Pr	epared By: C	Clyde D. Co	ompton, A	ttorney at 1	Law	

900 Ce# 4765

dway, Merrillville, IN 46410