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MORRIS W. CARTER RECORDER

#331802975

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

Sean E. Strickland

Patient:

Sean E. Strickland 797 Hovey Street

Recorder of Lake County, Indiana

Lake County Government Center 2293 North Main Street

Crown Point, Indiana 46307

Gary, In 46406

Attorney: Michael J. Galanis

One Professional Center

Suite 204

Crown Point, In

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:

- The patient was admitted to the hospital on 11-8-96 and was discharged from the hospital on 11-8-1, 19 96.
- The amount due for hospital care, treatment or maintenance during the above hospitalizations is chight hundred ninetyfive dollars (\$ 895.00 Le Co) Dollars order!
- 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.

> THE METHODIST HOSPITALS, INC. Gladys Hinton

STATE OF INDIANA

ss:

COUNTY OF LAKE

I Gladys Hinton , being a <u>Account Representative</u> for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

(2)

Subscribed and sworn to before me, a Notary Public, this $\frac{18^{xx}}{}$ day of

____, 19<u>*97_*</u>.

A Resident of

County

11-28-99

My Commission Expires:

This Instrument Prepared By: Clyde D. Compton, Attorney at Law