

Return To: Hodges & Davis, P.C.  
8700 Broadway, Merrillville, IN 46410

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

TO: Penelope Keaton

Patient: Penelope Keaton  
917 Michigan  
Hammond, IN 46320

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

97012544

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  
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 January 13, 1997, and was discharged from the hospital on January 21, 1997.
2. The amount due for hospital care, treatment or maintenance for the above hospitalization is thirteen thousand six hundred ninety-four and 24/100 (\$13,694.24) Dollars.
3. To the best of the Hospital's knowledge, the patient or patient's legal representative claims that the following named individual and/or entities are liable for damages arising from the patient's illness and 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.

(1) BY: Escher C Broadnax

STATE OF INDIANA

COUNTY OF LAKE

SS:

Escher C Broadnax being a Financial Counselor for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

(2) Escher C Broadnax

Subscribed and sworn to before me, a Notary Public, this 20<sup>th</sup> day of February, 1997.

My Commission Expires: \_\_\_\_\_

Virgil R. Hall  
Notary Public  
A Resident of Lake County

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

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