STATE OF INDIANA LAKE COUNTY FILED FOR LACCOID

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Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

Diana Jackson

Patient:

Diana Jackson

3931 W 178th Place

Country Club Hill, IL 60478

Attorney: Rosemary A Triplett

2110 S. Pulaski, Ste 200

Chicago, IL 60623

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 october 7, 1996, and was discharged from the hospital on 10ctober 7, 1996.
- 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One Thousand One Hundred Forty Four and oo/100 (\$ 1144.00 Dollars.) 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.

THE METHODIST HOSPITALS, INC.

(1) BY:	Margaret	Cooper	Margaret	· Coper

STATE OF INDIANA

ss:

COUNTY OF LAKE

Margaret Cooper , being a Account Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

Subscribed and sworn to before me, a Notary Public, this 35th day of

My Commission Expires:

11-28-99

This Instrument Prepared By:

Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410

A Resident of

3593

County

Notary Public

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