STATE OF INDIANA.

LAKE COUNTY
FILED TO THE TAILORS

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My Commission Expires:

MODILLO M. COMER RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN TO: KELLIE D. GANT Patient: Attorney: Kellie D. Gant <u>LInda Sams</u> 753 Newton Street 7870 Broadway Gary, Indiana 46403 <u>Merrillville. Indiana 4</u>6410 Recorder of Lake County, Indiana Indiana Department of Ins. Lake County Government Center 311 W. Washington St, St 300 2293 North Main Street Suite 300 Crown Point, Indiana 46307 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 30, 196, and was discharged from the hospital on November 2, 1996. 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Two thousand three hundred twenty seven dollars and seventy (\$ 2327.73) Dollars. Three cents
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. BY: Hatrin Kerduch STATE OF INDIANA ss: COUNTY OF LAKE Patricia Kendrick , 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. , Katicia Kendrun (2) Subscribed and sworn to before me, a Notary Public, this 22 and day of March, 1997.

A Resident of _____ County 8-6-49 Clyde D. Compton, Attorney at Law This Instrument Prepared By: 8700 Broadway, Merrillville, IN 46410

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