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SIME OF INDIANA LAKE COUNTY FILED HOLD FOODD

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MONTO VA CAVITER RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: GERALD L. FEIDERS

Patient: Gerald L. Felders

1501 S Loop 12

Irving, TX 75060

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

18 111 13

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 February 14, 1997, and was discharged from the hospital on February 19, 1997.
- 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Sixteen thousand six hundred ninety seven dollars & eighty four cents 16,697.84 Dollars.
- J. 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.

STATE OF INDIANA

STATE OF INDIANA

SS:

COUNTY OF LAKE

L. Esther C. Broadnax
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 2074 day of March, 1997.

My Commission Expires:

A Resident of Lake County

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

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