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MUNICIPAL VALUETIER RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

STATE

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

Adolph Taylor

Patient:

Adolph Taylor

3729 Jefferson Street

Gary In 46408

Attorney: Jefferey Oliveira

101 E. 90th Drive

Merrillville, In 46410

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:

- The patient was admitted to the hospital on 2-4, 1997, scharged from the hospital on 2-6, 1997.
- and was discharged from the hospital on 2-6, 1997.

 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Eight thousand seven hundred sixty one dollars eighty seven cents (\$8,761.87) 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. BY: Gladys Hinton STATE OF INDIANA ss: COUNTY OF LAKE I Gladys Hinton , being a AccountRepresentative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. A Gladys Hinton (2) Subscribed and sworn to before me, a Notary Public, this / day of _____, 19<u>*97*</u>. ent of John County My Commission Expires: A Resident of This Instrument Prepared By: Clyde D. Compton, Attorney at Law

8700 Broadway, Merrillville, IN 46410