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MORRIS W. CARTER  
RECORDER

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

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

TO: LEO CARTER, GUARANTOR For:

Patient: DONNA CARTER  
6960 ASH PL  
GARY, IN. 46403

Attorney: JEFFERY 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

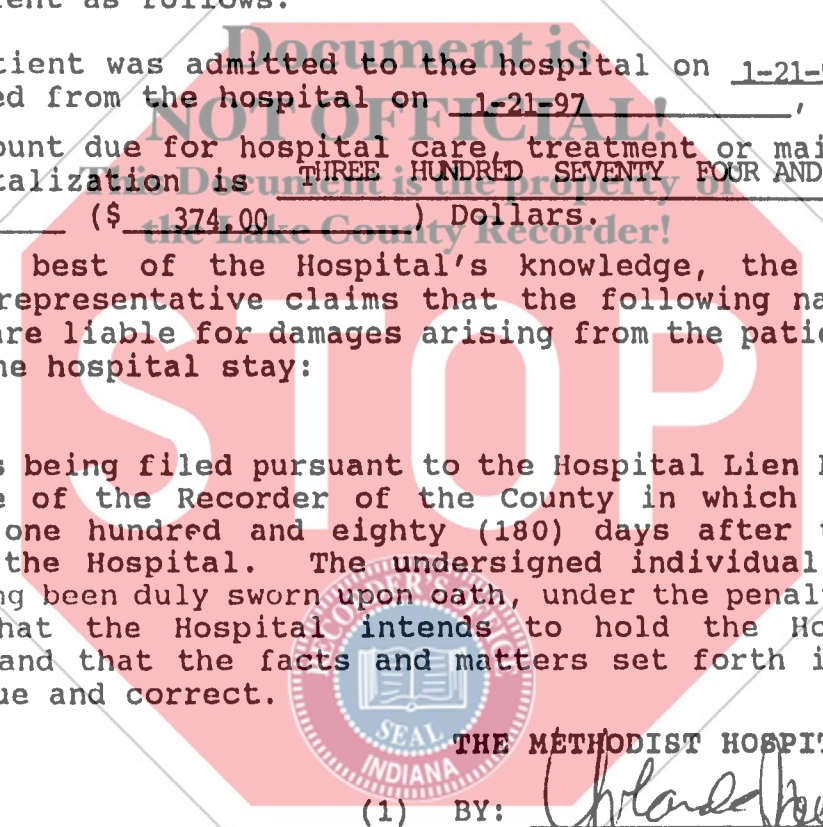
Indiana Department of Ins.  
311 W. Washington St, St 300  
Suite 300  
Indianapolis, Indiana 46204

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:

1. The patient was admitted to the hospital on 1-21-97, 19  , and was discharged from the hospital on 1-21-97, 19  .

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is THREE HUNDRED SEVENTY FOUR AND 00/100 (\$ 374.00 ) 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: [Signature]  
YOLANDA JAIME

STATE OF INDIANA )  
                                  ) ss:  
COUNTY OF LAKE )

I YOLANDA JAIME, being a SERVICE ACTIVITY MANAGER for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

(2) [Signature]

Subscribed and sworn to before me, a Notary Public, this 27<sup>th</sup> day of March, 1997.

My Commission Expires:

January 11, 1998

[Signature]  
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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# 4940