STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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97 OCT -6 AM 8: 36

Return To:

MORRIS W. CARTER

RECORDER
Hodges & Davis, P.C.
8700 Broadway, Merrillville, IN 46410

BWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

| TO: | Larhonda Carpenter | | |
|---|--|---------------------------|---|
| Patient: | Larhonda Carpenter | Attorney: | J. Robert Vegter |
| | 2403 E. 73rd Avenue | | 100 East 90th Dr. |
| • | Merrillville, In 46410 | | Merrillville, In 46410 |
| 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 | | | |
| Street, Ga and necess | re hereby notified that THE ry, IN 46402, intends to hole ary charges for hospital cared patient as follows: | d a Hospital | l Lien for all reasonable |
| 1. and was di | The patient was admitted to scharged from the hospital on | the hospital August 27 | l on <u>August 26</u> , 19 <u>97</u> , |
| 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Eight Hundred Ninty Five and 00/100 (\$ 895.00) 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. | | |
| STATE OF I | NDIANA)) ss: | BY: Margar | et Cooper Mayout Cupu |
| 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. | | | |
| | (2) | Margaret C | ooper Margant Coper |
| Subsc | ribed and sworn to before me, | a Notary P | ublic, this 30 day of |
| | Jept. , 1997. | _ | |
| My Commiss: | ion Expires: | | Notary Public County |
| - | 2 1/99 | A Resident o | of Son County |
| This Instrument Prepared By: Clyde D. Compton, Attorney at Law | | | |