STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MORRIS W. CARTER Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307 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 sept. 06	ĺ	TO: Patient:	MATTIE MOORE MATTIE MOORE 386 W. US HWY 30 VALPARAISO, IN 46383	Attorney:	JAMES WALKER 99 E. 86TH AVE STE E MERRILLVILLE, IN 46410	
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 SEDY. 06 , 1997. 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is EIGHT HUNDRED AND NINTY FIVE WITH NO CEMIS (\$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. (1) BY: ESTHER DAVIS SESTHER DAVIS (2) ESTHER DAVIS Subscribed and sworn to before me, a Notary Rubble, this SAL day of the state of the patient of the patient was day of the state of the patient of the foregoing are true and correct.	•	Lake County Government Center 311 W. Washington St, St 300 2293 North Main Street Suite 300				
2. The amount due for hospital on SEPT 06 1997. 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is EIGHT HUNDRED AND NIMTY FIVE WITH NO CENTS (\$ 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. (1) BY: ESTHER DAVIS Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. Subscribed and sworn to before me, a Notary Rublic, this Acceptable of the county Rublic, this Acceptable of the Recorder of the County Rublic, this Acceptable of the Patient State of Pat		Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the				
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Subscribed and sworn to before me, a Notary Rublic, this Ball day of		ESTHER DAVIS , being a ACCOUNT REPRESENTATIVE for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts				
(VIA) (SH)						
Vanue Tralska		Subs	scribed and sworn to beformber, 1997.	ore me, a Notary	Rublic, this standay of	
My Commission Expires: A Resident of County				A Resident	Notary Public	
This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410 3593						