STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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98 JUN 16 AM 9: 13

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:

Janice M. Culver

Patient:

Janice M. Culver 1817 W. 7th Avenue Gary, IN 46404

6404 ounty, Indiana

Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307 Attorney: J. Robert Vegter

100 E. 90th Drive Merrillville, IN 46410

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 December 22 , 19 97, and was discharged from the hospital on March 16 , 19 98.
- 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Three Thousand Four Hundred Sixty Four and 00/100 (\$ 3464.00) 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:	Margaret	Cooper	Margaret	Coper
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STATE OF INDIANA

ss:

COUNTY OF LAKE

Margaret Cooper , being a <u>Account Representative</u> for The 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 Public, this 1 day of

My Commission Expires:

A Resident of ____

Notary Public County

This Instrument Prepared By:

Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410

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