STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

98046387

98 JUN 22 AM 9: 15

Return To: MORRIS W Ges & Davis, P.C.
REC8700 Broadway, Merrillville, IN 46410

BWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN TO: LYNIER D. GREGORY Patient: Attorney: Lynier D. Gregor 101 East 41st Avenue Gary, Indiana 46409 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 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 January 5 , 1998 , and was discharged from the hospital on January 10, , 1998. The amount due for hospital care, treatment or maintenance during the above hospitalization is Nine thousand seven hundred thirty nine dollars and fifty four cents(\$ 9:739.54 ment i) Dollars erty of 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: Patricia Fendrein STATE OF INDIANA ss: COUNTY OF LAKE Padricio Kendrick, being a Genancial Counsetter 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 5th day of June, 1998. Vingil R. Bell
Notary Public My Commission Expires: A Resident of Lake 8-6-99 This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410 3593

CHH 0105