STATE OF BIOLANA LANE COUNTY FILED FOR DECORD

98048183 Return To:

9,00 Ch#6192

98048183 Return To: Hodges & Davis; P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	JOSEPH ZEMELKO		_
Patient:	JOSEPH ZEMELKO	Attorneva	FRANCIS SCHAFER
	11404 S FAIRFIELD		Schoter + Schafer
	CHICAGO, IL 60655		5875 BROADWAY MERR IN
			4641D
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: 1. The patient was admitted to the hospital on 4-21, 1998, and was discharged from the hospital on 4-21, 1998.			
1. and was di	The patient was adm scharged from the h	mitted to the hospital on 4-2	1 on 4-21. 1 19 98.
2.	The amount due for	hospital care, treatm	ent or maintenance during
the above	hospitalization is	TWO THOUSAND ONE SIXT	ent or maintenance during
	(\$15 21619	vinent is phoplarsert	y of
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 METHOD	IST HOSPITALS, INC.
		WDIANA CHEET	1 20
GM1.MH OH TI	ID TANK	(1) BY: Wero	nus re-
STATE OF I) se:	v	ERONICA LEE
COUNTY OF I	• • • • • • • • • • • • • • • • • • •		
I VERONICA LEE , being a ACCOUNT REP for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.			
		(2) Verone	u Zee
Subsci	ribed and sworn to	before me, a Notary	Public, this grant day of
My Commiss	ion Expires:		Notary Public
	18-49	A Resident	of Jake County
This Instru	ument Prepared By:	Clyde D. Compton, At 8700 Broadway, Merri	