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Return To: Hodges & Davis, P.C.
             8700 Broadway
             Merrillville, Indiana 46410

SWORN STATEMENT
& NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: George Wesby

Patient: George Wesby   Attorney:

          3738 E. 14th Avenue

          Gary, In 46403

Recorder of Lake County, Indiana   Indiana Department of Insurance
Lake County Government Center   311 West Washington Street, Suite 300
2293 North Main Street   Indianapolis, Indiana 46204
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   1-16- ,
19 98 , and was discharged from the hospital on   3-6-   , 1998 .

      2.   The amount due for hospital care, treatment or maintenance during the
above hospitalization is Thirteen thousand three hundred fourty four dollars
_____ ($ 13,344.00) 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: Gladys Hinton

STATE OF INDIANA   )
) ss:
COUNTY OF LAKE   )

      Gladys Hinton   , 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)   Gladys Hinton

      Subscribed and sworn to before me, a Notary Public, this 19 day of
_____June_____, 1998 .

                                                           Notary Public
                              A Resident of   Lake   County

My Commission Expires:

      3-24-08

This Instrument Prepared By: Clyde D. Compton, Attorney at Law
                               8700 Broadway, Merrillville, Indiana 46410
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