STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN Robert Barnes GuaRANTOR TO: Lisa Barnes Patient: Attorney: 1215 Montana St Gary, IN 46403 Recorder of Lake County, Indiana Indiana Department of Ins. 311 W. Washington St, St 300 Lake County Government Center 2293 North Main Street Suite 300 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 April 30, and was discharged from the hospital on May 6, 1998. 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Five thousand nine hundred eighty dollars and seventy eight cents 5,980.78 ment) pollars perty 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. STATE OF INDIANA COUNTY OF LAKE for The , being a Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) Subscribed and sworn to before me, a Notary Public, this / 12 day of _, 19<u>98</u>.

My Commission Expires:

8-6-19 This Instrument Prepared By:

Un # 10474

A Resident of

8700 Broadway, Merrillville, IN 46410

Clyde D. Compton, Attorney at Law

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