Account # 623091359 634130538 634224950 652428699 652449091

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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99 OCT 20 AM 9: 24

Return To:

Hodges & Davis, P.C. 8700 Broadway, Merrill The, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

Beth Marie Schlink

Patient:

Beth Marie Schlink

2338 N. Orange Street Lake Station, IN 46405

Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307 Attorney: Kenneth Elwood

2684 Willow Creek Rd

Portage, IN

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 June 2 , 1999 and was discharged from the hospital on September 9 , 1999.
- 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Six Thousand Seven Hundred Seventy Seven and 50/100 (\$ 6777.50) 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 Coo	Ceoper	ing section of the se
STATE OF INDIANA)) ss:			Margaret Coo	oper/	4 2 %
COUNTY OF LAKE)					j

Margaret Cooper , 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.

stated in the foregoing are t		
	(2) Margaret Cooper Margaret Coo	per
Subscribed and sworn to OCTOBER, 1997.	(2) Margaret Comper Margaret Coo before me, a Notary Public, this 12	
My Commission Expires:	A Resident of LAKE	(Bublic County
This Instrument Prepared By:	Clyde D. Compton, Attorney at Law	

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

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