This Instrument Prepared By:

STATE OF INDIANALAKE COUNTY FILED FOR RECOIL

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Return To:

MORRIS W. CARTER Hodges & DayleRDERC.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Lola Jean Friar Attorney: Bill Braveman Patient: Lola Jean Friar 21 E. Main Street 400 Maple Street Glenwood, IL 60425 Homewood, IL 60630 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 September 15, 1999 and was discharged from the hospital on September 19 , 1999 . The amount due for hospital care, treatment or maintenance during the above hospitalization is Thirteen Thousand Four Hundred Sixty Five and 21/100 ) Dollars. (\$\_13465.21 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 Cooper
Margaret Cooper STATE OF INDIANA ss: COUNTY OF LAKE 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. (2) <u>Margart Cupu Margaret Cooper</u>
Subscribed and sworn to before me, a Notary Public, this /2 day of <u>UCTOBER</u>, 19<u>99</u>. A Resident of LAKE County My Commission Expires: A Resident of 2-17-07

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