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Return To:

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

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

TO:	Juan E. Otano Jr.	
Patient:	Juan E. Otano Jr.	Attorney:
	5371 Dexter Dr.	
	Merrillville, IN 46410	
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street 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 February 18, 2000, and was discharged from the hospital on March 15, 2000.		
the above	hospitalization is	hospital care, treatment or maintenance during Two Thousand Five Hundred Ten and 03/100 Dollars.
and/or ent	legal representativ	ne Hospital's knowledge, the patient or the re claims that the following named individuals r damages arising from the patient's illness or tay:
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.		
		(1) BY: Muloh Bortulal
STATE OF	INDIANA )	Nichole B. Merhalski
	) ss:	Michole B. Mellialski
COUNTY OF	LAKE )	
Nichole B. Merhalski , 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) If I h Rome Land Nichole B. Merhalski
(2) Market Simple Left Nichole B. Merhalski Subscribed and sworn to before me, a Notary Public, this 21 day of		
<u>april</u> , 2000.		
My Commis	sion Expires:	Notary Public A Resident of A.C. County
This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410 3593		

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