#311204978

SIA FILED 1

2000 051825

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

Patient:

606 ALLEN ST GARY, IN 46403 Attorney:

Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307

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 measonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows: ment is

The patient was admitted to the hospital on and was discharged from the hospital on

The amount due for hospital care treatment of maintenance during hospitalization is THOUSAND SIXTY TWO and 00/100 the above hospitalization is (\$11062.00 Coun) yDollars.der.

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

SS:

VERONICA LEE

COUNTY OF LAKE ACCOUNT REP VERONICA LEE 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 , 2000.

My Commission Expires:

otary: Public A Resident of Lake County

8700 Broadway, Merrillville, IN 46410

8484

AM

Ø

0

25×