613.63698

STATE OF INDIANA
LAKE COUNTY FILED FOR FILCORD

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MORRIS W. CARTER RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Scott Sharp Gueranton For		
Patient:	Brandon Sharp	Attorney:	
	785 W. 70,th pl	_	
	Merrillville In 46410		

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 reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows: Cument 15

- 1. The patient was admitted to the hospital on June 15th and was discharged from the hospital on June 16th , 2000 . June 15th , 2000 ,
- 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Six Thousand Four Hundred Fifty Three Dollars 74/100 (\$6453.74) Dollars.
- 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.

BY: BARBARA M. ELDRIDGE
Boulsia M. Eloludje

STATE OF INDIANA

55: COUNTY OF LAKE

I Barbara m. Eldridge , 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), BARBARA M. ELDRIDGE

Subscribed and sworn to before me, a Notary Public, this 3,00 day of

My Commission Expires:

Notary Public

A Resident of Lake County

3/24/08

This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410

\$9.00