STATE OF INDIANA LAKE COUNTY FILED FOR DECORD

2000 060486

2000 AUG 22 AM 9:41

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:

Theodore Wozniak

Patient:

Theodore Wozniak

3833 Somerset

Portage In 46368

Attorney: Gus John Galanos

5655 Broadway

Mercellville, 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:

- 1. The patient was admitted to the hospital on June 27, 2000, and was discharged from the hospital on June 27, 2000.
- 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Four Thousand Two Hundred Twenty Four Dollars 60/100 (\$4224.60) 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: SubraM Elorioly

STATE OF INDIANA

SS:

Barbara M. Eldridge

COUNTY OF LAKE

I Barbara M. Eldridge , being a Pt. Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

(2) Bulua MEldudio Barbara M. Eldridge

Subscribed and sworn to before me, a Notary Public, this 17 day of lugar, 2000.

My Commission Expires:

Mancy futured Notary Public

A Resident of Lake County

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This Instrument Prepared By:

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

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9.00 Ac

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