653256966 ACCOUNT:

> 635954795 333847291

SHAPE OF MINE LAKE COUNT / FILED FOR RECORD

2002 070761

2002 AUG -7 AM 9: 53

Return To:

Hodges & Davis OFFIG.W. CARTER

8700 Broadway, Meridia Elle, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:

RAYMOND MIDDLEBROOKS RAYMOND MIDDLEBROOKS 1148 CLINTON STREET GARY, IN 46406

Attorney:

JEFFREY OLIVEIRA 101 E 90TH DRIVE

46410 MERRILLVILLE, IN

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

Indiana Department of Insurance 311 W. Washington Street 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 Document 1s patient as follows:

and was discharged from the hospital on APRIL 19, 2002

The amount due for hospital care, treatment or maintenance during the above hospitalization is ONE THOUSAND FOUR HUNDRED SIXTY ONE AND 30/100) 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. Section 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.

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		THE METHODIST HOSPITALS, INC.		
		(1) BY:	Darhara W. Stone	
STATE OF INDIANA)) ss:		BARBARA A. DOVE	
COUNTY OF LAKE)			

_, being a <u>Patient Representative</u> for The Methodist BARBARA A. DOVE Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

BARBARA A Subscribed and sworn to before me, a Notary Public, __, 2002.

My Commission Expires:

Notary Public A Resident of _ County

UNUST 28, 2002 This Instrument Prepared By: Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410