LAKE COUNTY FILED FOR RECORD

354887309

TO:

2004 032673



Abdul Hameed Abdullah

## Return To: Hodges & Davis, PCC. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Abdul Hameed Abdul	lah Attorney:		
	1164 VanBuren St.			
	Gary, IN 4640 <b>7</b>			*****
	f Lake County, Indi		iana Department of I	
	y Government Center		W. Washington Stree	t
	Main Street		te 300	
Crown Poin	t, Indiana 46307	Indi	ianapolis, Indiana 4	6204
Street, Ganecessary patient as	ary, IN 46402, intecharges for hospitation follows:	nds to hold a Hos l care, treatment  Document		reasonable and he above listed
1.	scharged from the h	ospital op Novemb	ital on November 06	, 2003
2.			eatment or maintenan	_ · oce during the
ahove hosp	oitalization is Fiv	eThousand Eight H	undred Seventy One a	and 09/100
(\$ 5.8	71 09	Lake County Red	undred Seventy One a	1110 03/100
3.	To the best of the	Hospital's knowled	dge, the patient or	the patient's
		~	named individuals	-
			nt's illness or inj	
hospital s	_			1
-				
33-4 in t located, discharged	the Office of the within one hundre from the Hospit	Recorder of the d and eighty (18 al. The unders	Hospital Lien Law, I County in which t 80) days after th signed individual under the penalti	he Hospital is ne patient was executing this
hereby sta	ates that the Hospi that the facts an	tal intends to ho	ld the Hospital Lie	en as described
		THE METHO	DIST HOSPITALS, INC.	
		11111 1411110		•
STATE OF I	NDIANA ) ) ss:	(1) BY:	Margaret Cooper	120/
COUNTY OF				
Marq Hospitals,	garet Cooper	sworn upon oath,	t Representative for says that the facts	
Toregoing	are true and correc			
		(2) <u>27/a</u>	Margaret Cooper	zev
Subso	cribed and sworn to, 2004.	before me, a Notar $\bigcirc$	ry Public, this <u>\$+1</u>	day of
My Commiss	ion Expires:		wa Jyky	Notary Public
March		A Residen	t of <u>Nake</u>	County
	rument Prepared By:	Clyde D. Compton	Attorney at Taw	11/
1112 111261	ament riepared by:	=	rillville, IN 46410	(Ill 1/2

