STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2009 JUL 27 PM 1: 13

2009 051704

MICHAEL A. BROWN RECORDER

200389750

Patient:

Mohammad Hakmeh

Mohammad Hakmeh

TO:

Return To: Hodg

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

Merrillville, IN 464	
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 patient as follows:	
1. The patient was admitted to the hospital on June 23, 2009 and was discharged from the hospital on June 23, 2009 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Two Thousand Two Hundred Twenty-Six (\$ 2,226.00) 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. Section 32-33-4 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.	
(1) BY:	angie Diulich
STATE OF INDIANA)) ss: COUNTY OF LAKE	Angze Djukich
Hospitals, Inc., being duly sworn upon oath, sa are true and correct.	Angle Digkich
My Commission Expires:	Notary Public
March 24, 2011	dent of Lake County
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.	
	Attorney at Law Merrillville, IN 46410

Official Seal
LISA STONE
Resident of Lake County, IN
My commission expires
March 24, 2011

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