JIATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 011743

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MICHELLE R, FAJMAN RECORDER

100303583

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

10.	Aillied Awadii		
Patient:	Ahmed Awadh	Attorney:	
	4837 N Kenneth Av		
	Chicago, IL 60630		
			
Recorder of	Lake County, Indian	Indiana Department of Insurance	
	Government Center	311 W. Washington Street	
_			
	Main Street	Suite 300	
Crown Point	, Indiana 46307	Indianapolis, Indiana 46204	
IN 46402, shospital call and was dis 2. above hospi	intends to hold a Hare, treatment or main the patient was admitted that the host that amount due for talization is Nine	hat THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, espital Lien for all reasonable and necessary charges for intended of the above listed patient as follows: itted to the hospital on February 09, 2010 poital on February 09, 2010 hospital care; treatment or maintenance during the Hundred Ninety and 53/100	
3.		Hospital's knowledge, the patient or the patient's	
	esentative claims the	at the following named individuals and/or entities are m the patient's illness or injury causing the hospital	
the Office hundred and undersigned the penalti Lien as de	of the Recorder of deighty (180) days individual execution less of perjury, here above and re true and correct.	pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within one after the patient was discharged from the Hospital. The g this instrument, having been duly sworn upon oath, under by states that the Hospital intends to hold the Hospital that the facts and matters set forth in the foregoing THE METHODIST HOSPITALS, INC. Angile Djukich	
) ss:	WOJANA WILLIAM AND THE BIRTH OF	
COUNTY OF L	AKE)		
Т 7	nd a District at	Daine Dai to Dan Latin Com Mil Wall line	
		, being a <u>Patient Representative</u> for The Methodist orn upon oath, says that the facts stated in the foregoing (2)	
- Cubaa	wibod and arrays to b	Angle bunkler	
		efore me, a Notary Public, this <u>1910</u> day of	
JT DIWWW	<u></u>	O: otoma	
		Luig Stone	
My Commissi	on Expires:	Notary Public	
		A Resident of <u>Lake</u> County	
each social	under the penalties security number in ment Prepared By:	for perjury, that I have taken reasonable care to redact this document, unless required by law. Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410	Λ



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