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2011 MAY -3 AM 9:17

MICHAEL LAJMAN  
RECORDER

HIND GENERAL HOSPITAL, LLC  
101 W. 61<sup>st</sup> Avenue  
Hobart, IN 46342  
219-947-3030

Date: May 2, 2011

**NOTICE OF HOSPITAL LIEN**

To: Nicole Weaver, 655 West Irving Park, Apt 4006, Chicago, IL 60613  
Willens Law Office, 30 N. LaSalle Street, Suite 4020, Chicago, IL 60602  
Indiana Dept. of Insurance, 311 W. Washington St., Suite 300, Indianapolis, IN, 46204

PLEASE TAKE NOTICE: Hind General Hospital, LLC, 101 W. 61<sup>st</sup> Ave, Hobart, IN 46342, a duly licensed hospital in the State of Indiana, had rendered services to Nicole Weaver for injuries sustained on or about February 18, 2009. HIND General Hospital, LLC hereby asserts a lien in the amount of \$31,514.24, pursuant Indiana Code 32-33-4 *et. seq.*, upon any cause of action, suit or claim whatsoever of said Nicole Weaver, for services rendered on June 17, 2010 and January 18, 2011. The person, company or other entity liable or otherwise responsible for said injuries is: currently unknown.

I affirm under the penalties for perjury, that the above and foregoing representations are true, to the best of my knowledge, information and belief.

HIND GENERAL HOSPITAL, LLC

BY: \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 2 day of May, 2011, above individual personally appeared, and I acknowledged the execution of the foregoing document. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

\_\_\_\_\_  
Notary Public



“OFFICIAL SEAL”  
GEORGE DRASOVAN  
Notary Public, State of Indiana  
Resident of Lake County

My Commission Expires 12/15/2014

**CERTIFICATE OF SERVICE**

THIS IS TO CERTIFY that on the 3 day of May, 2011, by registered/certified United States Mail with proper postage affixed, the undersigned mailed a copy of the attached instrument to the above named individual(s), and to the Indiana Dept. Of Insurance, as required by law.

\_\_\_\_\_  
Notary Public

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.

\_\_\_\_\_

11<sup>th</sup>  
✓ #9651  
AD