

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 046622

2011 AUG 25 PM 1:35

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

MICHELLE FAJMAN
RECORDER

Date: August 18, 2011



NOTICE OF HOSPITAL LIEN

To: Gwendolyn Gladney, 5455 West Hadden, Chicago, IL 60651
Attorney Michael Hume, 10 South LaSalle St., Ste. 2424, Chicago, IL 60603
Indiana Dept. of Insurance, 311 W. Washington St., Suite 300, Indianapolis, IN, 46204

PLEASE TAKE NOTICE: Hind General Hospital, LLC, 101 W. 61st Ave, Hobart, IN 46342, a duly licensed hospital in the State of Indiana, had rendered services to Gwendolyn Gladney for injuries sustained on or about March 28, 2011. HIND General Hospital, LLC hereby asserts a lien in the amount of \$74,010.41, pursuant Indiana Code 32-33-4 *et. seq.*, upon any cause of action, suit or claim whatsoever of said Gwendolyn Gladney, for services rendered on March 28, 2011, the date of discharge being March 29, 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

This Document is the property of
the Lake County Recorder!

BY: 


Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 23 day of Aug, 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 BRASOVAN
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 26 day of Aug, 2011, by registered 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.


Notary Public

#11
CR#
9795
CW