2016 056185

2016 AUG 18 PM 1: 20

MICHAEL B. BROWN RECORDER

202217905

CLERK____

252716

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

TO: Patient:	Sahar Alkhatib Sahar Alkhatib 6879 Whitcomb St	Attorne	y:	
-	Merrillville, IN 4	64 10		
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	31 Su	diana Department o 1 W. Washington St ite 300 dianapolis, Indian	reet
IN 46402, in hospital can and was discontinuous discontinuous (\$\frac{4}{1}\$, to which the insurance, other benefits 3. legal representations.	The patient was admir charged from the hosp that amount due for he talization is Tours 1299.26 patient is entitled and credits for all it. To the best of the He sentative claims that	spital Lien for all tenance of the about tenance of the about tenance of the about tenance of the hospital care, treath tenance are are this amount funder the terms opposed to the following respective to the following respecti	reasonable and ve listed patient it is al on July 16,	2016 ce during the 26/100 tion for any benefits ealth plan, or medical write-offs, and any
the Office (90)days aftexecuting to perjury, hereabove and to correct.	of the Recorder of the ter the patient was of his instrument, having reby states that the hat the facts and ma	ne County in which discharged from the ing been duly swo Hospital intends atters set forth i	the Hospital is the Hospital. The part of the Hospital to hold the Hospital the foregoing so the Hospitals, I	C. Section 32-33-4 in located, within ninety undersigned individual der the penalties of tal Lien as described tatement are true and NC.
STATE OF INDIANA) Angid Djukich) ss:				
COUNTY OF LAKE)				
Methodist Ho foregoing an Subscr	ce true and correct. cibed and sworn to bes , 2016.	duly sworn upon (2)	ath says that the says the says that the says that the says that the says that the says t	presentative for The de facts stated in the left of day of
My Commissio	on Expires:	7 Posido		otary Public
March.	24, 2019	A Resider	nt of <u>Lake</u>	County
each social	AMOUNT \$ CHARGE CHECK # Z//Z8 OVERAGE COPY	or perjury, that his document, unlessed and the second sec	corney at Law rillville, IN 4641	
	NON-COM			