

NOTICE OF AMENDED HOSPITAL LIEN

Notice is hereby given that ST. MARGARET MERCY HEALTH CARE, whose principal address is 5454 Hohman Avenue, Hammond, Indiana, claims a lien for all reasonable and necessary charges for the hospital care, treatment or maintenance rendered to the Patient named herein, in accordance with the provisions of I.C. 32-8-26-6, et. seq.. This lien shall attach to any cause of action, suit or claim accruing to said Patient, or in the event of the Patient's death, to his legal representative, because of the illness or injuries that gave rise to the cause of action, suit or claims, and necessitated the hospital care, treatment or maintenance referred to herein.

Patient Name and Address: Diane Vallone
291 Geneva
Lynwood, IL 60411

OPERATOR OF HOSPITAL: James Lipinski
5454 Homan Avenue, Hammond, IN 46320

Date of Admission: 1/04/97, 01/02/97

Date of Discharge: 1/16/97, 01/04/97

Amount Due for Hospital Charges: \$15,073.92, \$7,007.67

Names and addresses of all persons whom Patient, his Personal Representative or his Attorney claims is responsible for payment of the damages arising from the illness or injury causing this Hospital Admission:

Name Address
John Pigue

Ins. Co.: All State Insurance 4411 W. Lincoln Highway
Claim No.: 2703331195 Matteson, IL 60426

Name/Address of Patient's Attorney: Frederick Weiss c/o Weiss
210 W. Illinois
Chicago, IL 60610

Name/Address of Patient's Insurance: Country Companies 118 S. Galena
Ins. Co.: Freeport, IL 61032
Claim No.: 2703331195
Adj.: Jeff Stadel

I affirm, under the penalties for perjury, that I am authorized to execute this instrument, and that the foregoing statements and representations are true and correct.

OUR FILE #: 05970350004
05970350005

BY: Erik E. Blumberg
Attorney at Law

HOSP. ACCT. #: 1084922093
1084922085

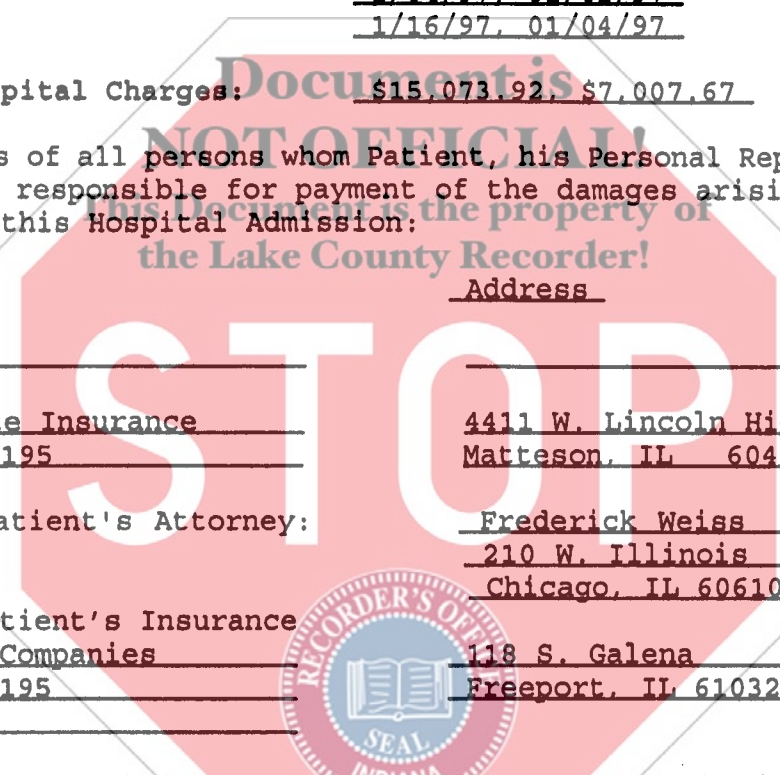
DATE: 4/22/97

THIS INSTRUMENT PREPARED BY
KNEPPER & MOGA, P.C.

322 SOUTH GREEN STREET, SUITE 508
CHICAGO, ILLINOIS 60607
312-829-8848

cc: Indiana Dept. of Insurance
311 W. Washington St., Ste. 300
Indianapolis, IN 46204-2787

cc: Lake Count Recorders Office
2293 N. Main Street
Crown Point, IN 46307



97026552

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
APR 22 1997
RECORDER

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