

NOTICE OF 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: Timothy E. Davis
121 157th Street
Calumet City, IL 60409

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

Date of Admission: 12/18/96
Date of Discharge: 12/21/96
Amount Due for Hospital Charges: \$4,491.68

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
Trump Casino Buffington Harbor
6012 Industrial Highway
Gary, IN 46406

Ins. Co.: Trump Casino Buffington Harbor
Claim No: 974-1210 6012 Industrial Highway
Adjustor: Richard Spence Gary, IN 46406

Name/Address of Patient's Attorney: Ruman, Clements, Tobin & Hobb, P.C.
Saul I. Ruman
5261 Hohman Ave.
Hammond, IN 46320-1764

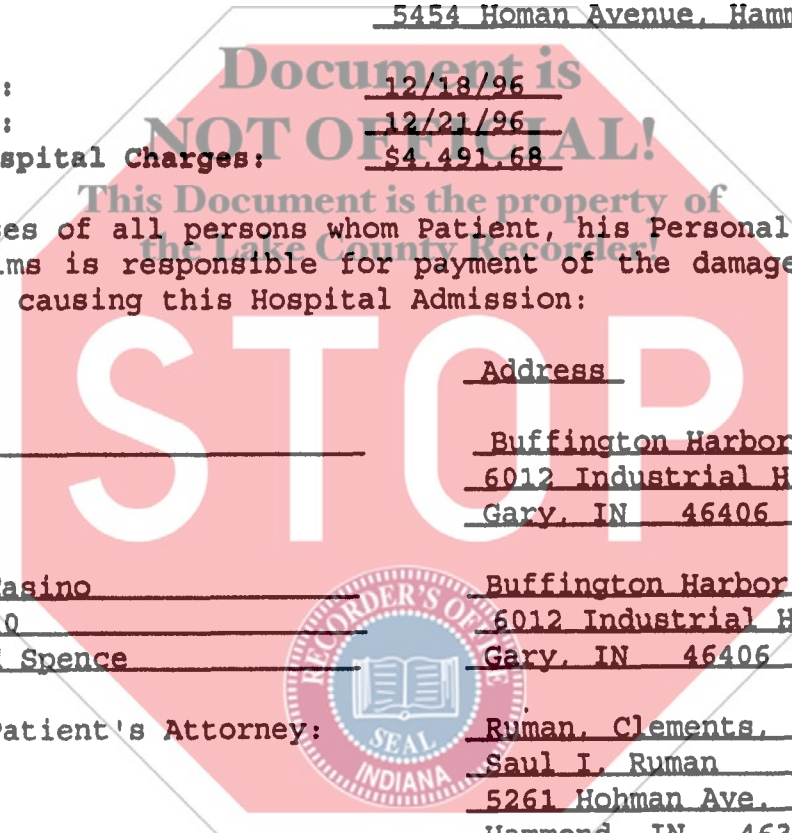
I affirm, under the penalties for perjury, that I am authorized to execute this instrument, and that the foregoing statements and representations are true and correct.

OUR FILE #: 05970310003 BY: *Erik E. Blumberg*
Erik E. Blumberg
Attorney at Law

HOSP. ACCT. #: 295967103 DATE: 5-29-97

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

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



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RECORDER
V. CARRIER

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