NOTICE OF HOSPITAL LIEN

Notice is hereby given that <u>ST. MARGARET MERCY HEALTH CARE</u>, 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.

OPERATOR OF HOSPITAL: James Lipinski 5454 Homan Avenue, Hammond, IN 46320 Date of Admission: Date of Discharge: Amount Due for Hospital Charges: S4.491.68 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 Claim No: 974-1210 Adjustor: Richard Spence Name/Address of Patient's Attorney: Ruman, Clements, Tobin & Horop, 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	Patient Name and Address:	Timothy E. Davis
Date of Admission: Date of Discharge: Amount Due for Hospital Charges: 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 5012 Industrial Highway Gary, IN 46406 Ins. Co.: Trump Casino Claim No: 974-1210 Adjustor: Richard Spence Name/Address of Patient's Attorney: Ruman, Clements, Tobin & Hogob, 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		
Date of Admission: Date of Discharge: Amount Due for Hospital Charges: Names and addresses of all persons whom Patient, his Personal Representative nor his Attorney claims is responsible for payment of the damages arising from the illness or injury causing this Hospital Admission: Name Address Trump Casino Claim No: 974-1210 Adjustor: Richard Spence Name/Address of Patient's Attorney: Ruman, Clements, Tobin & Hoghb, P.C. Saul I. Ruman S201 Ruman, Clements, Tobin & Hoghb, P.C. Saul I. Ruman S201 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		Calumet City, IL 60409
Date of Admission: Date of Discharge: Amount Due for Hospital Charges: Names and addresses of all persons whom Patient, his Personal Representative or 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 Claim No: 974-1210 Adjustor: Richard Spence Name/Address of Patient's Attorney: Ruman, Clements, Tobin & Howb. 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		
Date of Admission: Date of Discharge: Amount Due for Hospital Charges: St. 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 6012 Industrial Highway Gary. IN 46406 Ruman. Clements. Tobin & Harbor 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	OPERATOR OF HOSPITAL:	James Lipinski
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 Claim No: 974-1210 Adjustor: Richard Spence Name/Address of Patient's Attorney: Ruman, Clements, Tobin & Hotub, 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		5454 Homan Avenue, Hammond, IN 46320
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 Claim No: 974-1210 Adjustor: Richard Spence Name/Address of Patient's Attorney: Ruman, Clements, Tobin & Hother, 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	Door	imont in
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 Buffington Harbor 6012 Industrial Highway Gary. IN 46406 Ins. Co.: Trump Casino Claim No: 974-1210 6012 Industrial Highway Adjustor: Richard Spence Name/Address of Patient's Attorney: Ruman. Clements. Tobin & Hoth. 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	Date of Admission:	
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 Buffington Harbor 6012 Industrial Highway Gary. IN 46406 Ins. Co.: Trump Casino Claim No: 974-1210 Adjustor: Richard Spence Name/Address of Patient's Attorney: 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	Date of Discharge:	
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 Claim No: 974-1210 Adjustor: Richard Spence Name/Address of Patient's Attorney: Ruman. Clements. Tobin & Hospital 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		31,171,00
his Attorney claims is responsible for payment of the damages arising from the illness or injury causing this Hospital Admission: Name Address Buffington Harbor 6012 Industrial Highway Gary, IN 46406 Ins. Co.: Trump Casino Claim No: 974-1210 Adjustor: Richard Spence Name/Address of Patient's Attorney: Ruman, Clements, Tobin & Hollib, 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	This Documen	it is the property of ω
Name Address Address	Names and addresses of all persons wh	nom Patient, his Personal Representative, or
Trump Casino Buffington Harbor 6012 Industrial Highway Gary, IN 46406 Ins. Co.: Trump Casino Claim No: 974-1210 6012 Industrial Highway Adjustor: Richard Spence Ruman, Clements, Tobin & Hollin, 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		
Trump Casino Buffington Harbor 6012 Industrial Highway Gary. IN 46406 Ins. Co.: Trump Casino Claim No: 974-1210 Adjustor: Richard Spence Name/Address of Patient's Attorney: Ruman. Clements. Tobin & Hollub. 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	illness or injury causing this Hospit	
Trump Casino Buffington Harbor 6012 Industrial Highway Gary. IN 46406 Ins. Co.: Trump Casino Claim No: 974-1210 6012 Industrial Highway Gary. IN 46406 Name/Address of Patient's Attorney: Ruman, Clements, Tobin & Hebbb. 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		
Ins. Co.: Trump Casino Claim No: 974-1210 Adjustor: Richard Spence Name/Address of Patient's Attorney: Ruman, Clements, Tobin & Hollub, 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	Name	Address
Ins. Co.: Trump Casino Claim No: 974-1210 Adjustor: Richard Spence Name/Address of Patient's Attorney: Ruman, Clements, Tobin & Hollub, 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		De film them Workers
Ins. Co.: Trump Casino Claim No: 974-1210 Adjustor: Richard Spence Name/Address of Patient's Attorney: Ruman, Clements, Tobin & Horib, 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	Trump Casino	
Ins. Co.: Trump Casino Claim No: 974-1210 Adjustor: Richard Spence Name/Address of Patient's Attorney: Ruman, Clements, Tobin & Holub, 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		
Claim No: 974-1210 Adjustor: Richard Spence Ruman, Clements, Tobin & Holib, 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		Gary, IN 46406
Claim No: 974-1210 Adjustor: Richard Spence Ruman, Clements, Tobin & Holib, 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	The state of the s	Buffington Hawhay
Name/Address of Patient's Attorney: Ruman, Clements, Tobin & Holib, 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		
Name/Address of Patient's Attorney: Ruman, Clements, Tobin & Horbib, 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		
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	Adjustor: Richard Spence	
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	Name /Addwage of Dationtic Attornor.	Puman Clements Tohin & Hodub P.C.
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	Name/Address of Patient's Actorney:	
Hammond, IN 46320-1764 The last of the penalties for perjury, that I am authorized to execute this instrument, and that the foregoing statements and representations are true and	100	77/11/ANY 32
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		PP)
instrument, and that the foregoing statements and representations are true and		Adminosity 100 and 100
instrument, and that the foregoing statements and representations are true and	I affirm under the menalties for me	riury that I am authorized to execute this
	instrument and that the foregoing is	statements and representations are true and
$(A \cap A \cap A)$	COTTECT.	(11/12/1
OUR FILE #: 05970310003 BY: 572.171	OUR FILE #: 05970310003	BY: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Erik E. Blumberg	An	
Attorney at Law		
5-29-97		
HOSP. ACCT. #: 295967103 DATE: 3-27-77	HOSP ACCT #: 295967103	DATE: 5-67-7/

THIS INSTRUMENT PREPARED BY

() KNEPPER & MOGA, P.C.

322 SOUTH GREEN STREET, SUITE 508 CHICAGO, ILLINOIS 60607 312-829-8848 200 10.00 5613