

**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.

MORRIS W. CURRAN  
RECORDER

**Patient Name and Address:**

Joe Easter  
16944 Luella  
South Holland, IL 60473

**OPERATOR OF HOSPITAL:**

Gene Diamond  
5454 Homan Avenue, Hammond, IN 46320

**Date of Admission:**

05/06/98

**Date of Discharge:**

05/06/98

**Amount Due for Hospital Charges:**

\$3,266.33

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

Not Provided

**Ins. Co.:** Not Provided

**Claim No.:** \_\_\_\_\_

**Adjuster:** \_\_\_\_\_

**Name/Address of Patient's Attorney:**

Harvey L. Warner  
Attorney at Law  
203 W. Monroe St., Suite 2000  
Chicago, IL 60606

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 #: 05981600059

BY: Erik E. Blumberg  
Erik E. Blumberg  
Attorney at Law

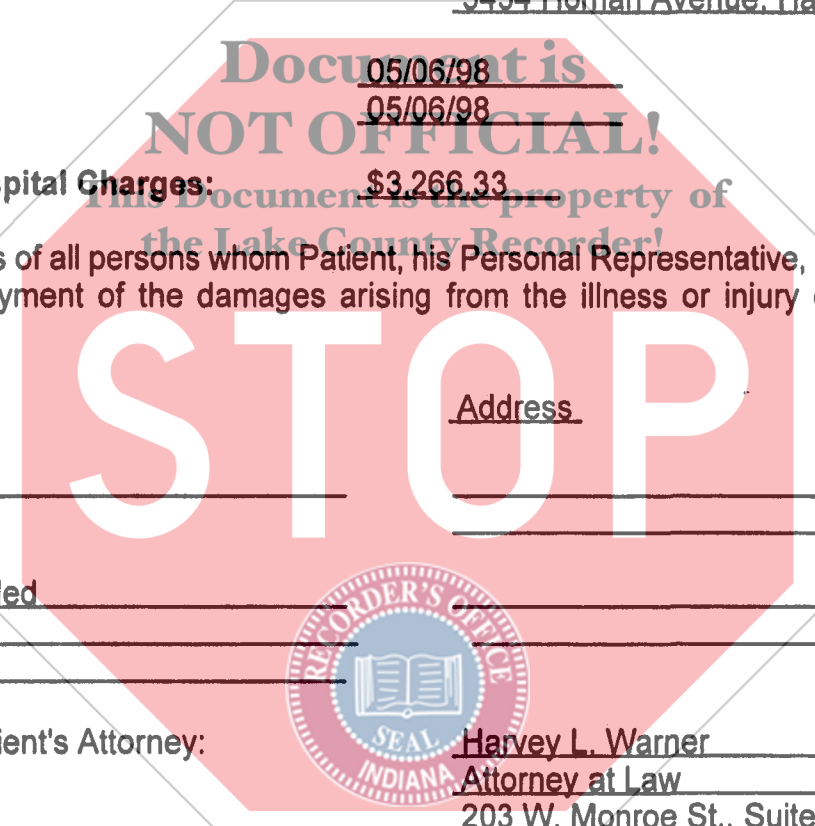
HOSP. ACCT. #: 1247025

DATE: 6/17/98

**THIS INSTRUMENT PREPARED BY  
KNEPPER, MOGA & CURRAN**

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

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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR REC'D  
98 JUN 24 AM 9:15  
MORRIS W. CURRAN  
RECORDER