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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 023167

2006 MAR 21 PM 1:48

MICHAEL A. BROWN
RECORDER

NOTICE OF HOSPITAL LIEN

You are hereby notified that St. Anthony Memorial Health Centers (hereinafter called "Claimant"), whose address is 301 West Homer Street Michigan City, IN 46360 and operator is Sisters of Saint Francis, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment, or maintenance of Asim Qamoum at 2060 Dogwood Tr., Apt #2B, Merrillville, IN 46410 who was treated on 3-5-06 thru 3-6-06. The amount due for hospital care during the above time period is **\$\$6567.72 plus any additional charges.**

To the best of Claimant's knowledge the following names and addresses are those claimed by the patient or his legal representative to be liable for damages arising from the illness or injury causing the hospital stay:

Insurance Name and Address: Triple A Insurance
975 Meridian Lake Drive
Aurora, IL 60504

Adjustor's Name: Peggy Sledge

Claim Number: IN1044130

Attorney's Name and Address: None Given

This lien is being filed pursuant to I.C. 32-8-26-4 in the office of the Recorder of LaPorte County. To the best of my knowledge the statements above are true and correct.

3-17-06
(Date)

Marie Sparks
(Signature)

STATE OF INDIANA)
) SS:
COUNTY OF LAPORTE)

Marie Sparks, Patient Accounts
(Printed)

Subscribed and sworn before me this 17th day of March, 2006.
Personally appeared Marie Sparks.

Sandra L. Hayman
(Signature)

Sandra L. Hayman, Notary Public
(Printed)

My commission Expires: 02/02/2008
County of Residence: LaPorte

"NOTARY SEAL"
Sandra L. Hayman, Notary Public
LaPorte County, State of Indiana
My Commission Expires 02/02/08

This instrument was prepared by: Deborah M. McPhee, 8605 Broadway, Merrillville, Indiana, Attorney at Law

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Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

