STATE OF INDIANA LAKE COUNT 2007 OCT 10 AM 10: 35 MICHAEL A. BROWN RECORDER

## OFFICE OF THE RECORDER 2007 080847 LAKE COUNTY AT CROWN POINT, INDIANA

## **NOTICE OF HOSPITAL LIEN**

Notice is hereby given by St. Margaret Mercy North (SSFHS) located at 5454 Hohman Ave., Hammond, IN 46324 operated by Ascension Health located at 4600 Edmundson Road, St. Louis, MO 63134, that St. Margaret Mercy North (SSFHS) has furnished reasonable and necessary hospital care, treatment and/or maintenance to:

> Marion N. Jordan 10650 Avenue A Chicago, IL 60617

from 8/18/2007 to 8/18/2007 and that the amount due for the services is \$1,060.00.

The person(s), firm(s), or corporations(s) claimed by the patient or his/her representative to be liable for damages arising from the illness or injuries by the hospital are:

Gallagher Basseti A P.O. Box 5520 This Doak Brook Terrace, ILP 60181 rty of th Claim # 001413-0038118-GB-01

A lien is hereby created pursuant to Indiana Code § 32-33-4-1 (2002), that St. Margaret Mercy North (SSFHS) is entitled to a lien for the reasonable value of its services or expenses on any judgement, settlement, or compromise, from any and all causes of action, suits, claims, counterclaims or demands accruing to the patient for personal injuries rendered in favor of Marion N. Jordan.

St. Margaret Mercy North (\$SFHS)

Sandie Milliken

Medical Reimbursements of America, LLC o/b/o St. Margaret Mercy North (SSFHS)

117 Seaboard Lane, Suite D100 1007 (13) 96343871

STATE of TENNESSEE County of WILLIAMSON

The foregoing statement was acknowledged and derfined before me, on October 3, 2007 by Sandie Milliken, the duly authorized agent/operator of St. Margaret Mercy North (SSFHS), for and on behalf of said hospital. NOTARY

My Commission Expires:

3570