

Sandie Lee Milliken, Notary Public  
My Commission Expires: 10/1/2012

*[Handwritten Signature]*

of said hospital.

The foregoing statement was acknowledged and verified before me, on April 15, 2009 by Linda Heffley, the duly authorized agent of St. Margaret Mercy North(SSFHS), for and on behalf

STATE OF TENNESSEE  
COUNTY OF WILLIAMSON

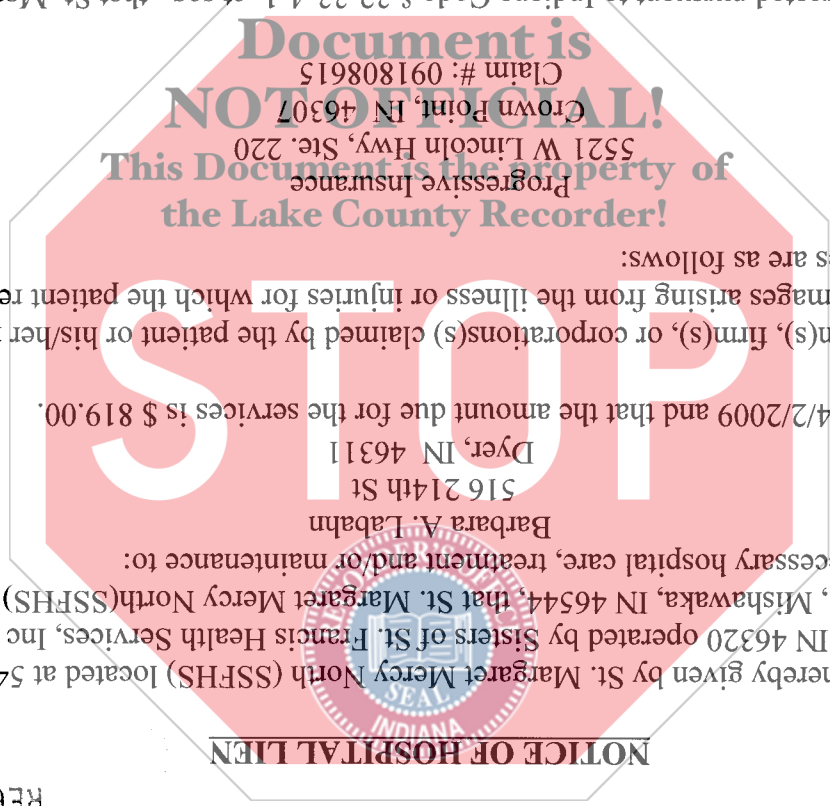
(615) 963-3871  
Franklin, TN 37067

425 Duke Dr., Suite 475  
o/b/o St. Margaret Mercy North(SSFHS)  
Medical Reimbursements of America, LLC  
Linda Heffley, Litigation Specialist

20834  
1200  
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By: *[Handwritten Signature]*  
St. Margaret Mercy North(SSFHS)

Barbara A. Labahn.  
A lien is hereby created pursuant to Indiana Code § 32-33-4-1, et seq., that St. Margaret Mercy North(SSFHS) is entitled to a lien for the reasonable value of its services or expenses on any judgment, 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



Notice is hereby given by St. Margaret Mercy North (SSFHS) located at 5454 Hohman Ave., Hammond, IN 46320 operated by Sisters of St. Francis Health Services, Inc located at 1515 W. Dragoon Trail, Mishawaka, IN 46544, that St. Margaret Mercy North(SSFHS) has furnished reasonable and necessary hospital care, treatment and/or maintenance to:  
Barbara A. Labahn  
516 214th St  
Dyer, IN 46311  
from 4/2/2009 to 4/2/2009 and that the amount due for the services is \$ 819.00.  
The person(s), firm(s), or corporation(s) claimed by the patient or his/her representative to be liable for damages arising from the illness or injuries for which the patient received healthcare services are as follows:

**NOTICE OF HOSPITAL LIEN**

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2009 APR 29 AM 9:22  
MICHAEL A. BROWN  
RECORDER

OFFICE OF THE RECORDER  
LAKE COUNTY  
AT CROWN POINT, INDIANA  
2009 027717

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