

OFFICE OF THE RECORDER
LAKE COUNTY
AT CROWN POINT, INDIANA 2010 012526

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 MAR -9 AM 8:50

MICHELL R. FAJMAN
RECORDER

NOTICE OF HOSPITAL LIEN

Notice is hereby given by St. Anthony Medical Center (SSFHS) located at 1201 South Main St., Crown Point, IN 46307 operated by Sisters of St. Francis Health Services, Inc located at 1515 W. Dragoon Trail, Mishawaka, IN 46544, that St. Anthony Medical Center (SSFHS) has furnished reasonable and necessary hospital care, treatment and/or maintenance to:

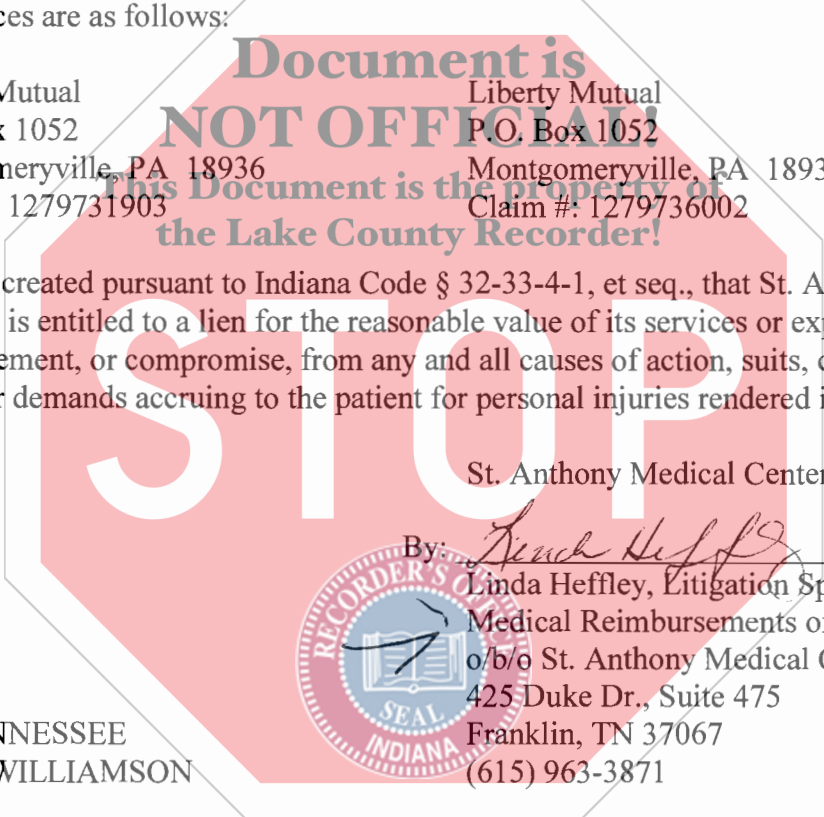
Ellen Vasa
3340 W 73rd Pl
Merrillville, IN 46410

from 10/29/2009 to 10/29/2009 and that the amount due for the services is \$ 876.44.

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 for which the patient received healthcare services are as follows:

Liberty Mutual
P.O. Box 1052
Montgomeryville, PA 18936
Claim #: 1279731903

Liberty Mutual
P.O. Box 1052
Montgomeryville, PA 18936
Claim #: 1279736002



A lien is hereby created pursuant to Indiana Code § 32-33-4-1, et seq., that St. Anthony Medical Center (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 Ellen Vasa.

St. Anthony Medical Center (SSFHS)

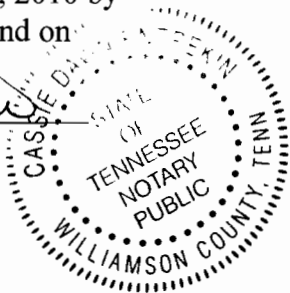
By: Linda Heffley
Linda Heffley, Litigation Specialist
Medical Reimbursements of America, LLC
o/b/o St. Anthony Medical Center (SSFHS)
425 Duke Dr., Suite 475
Franklin, TN 37067
(615) 963-3871

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

The foregoing statement was acknowledged and verified before me, on March 3, 2010 by Linda Heffley, the duly authorized agent of St. Anthony Medical Center (SSFHS), for and on behalf of said hospital.

Cassie Dawn Entrekin
Cassie Dawn Entrekin, Notary Public

My Commission Expires: 1/19/2011



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