

OFFICE OF THE RECORDER
LAKE COUNTY
AT CROWN POINT, INDIANA

2010 012531

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 MAR -9 AM 8:52

MICHELLE R. FAJMAN
RECORDER

NOTICE OF AMENDED HOSPITAL LIEN

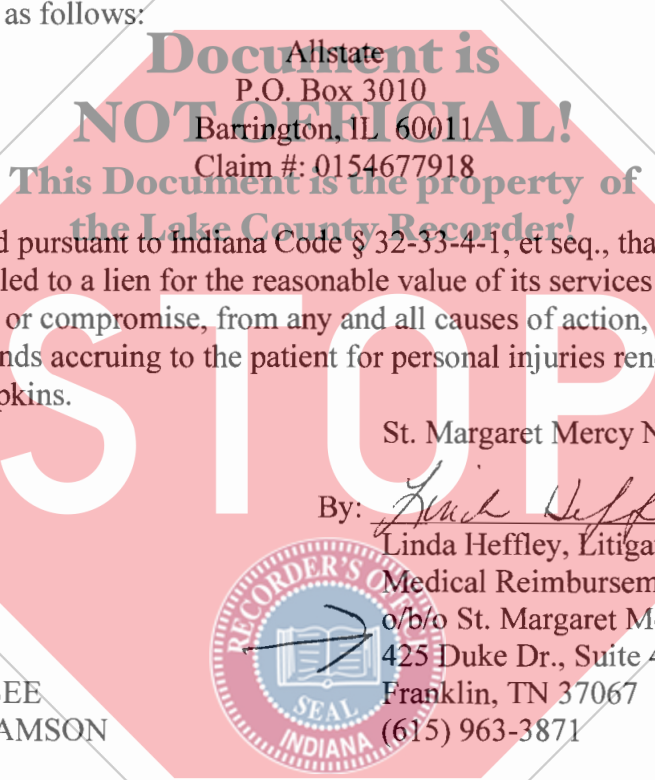
Amending Hospital Lien filed by document # 2010 005815 on 2/2/2010.

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:

Kimberly S. Davis-Hopkins
P O Box 132
Calumet City, IL 60409

from 11/29/2009 to 1/25/2010 and that the amount due for the services is \$ 1,501.00.

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 for which the patient received healthcare services are as follows:



Allstate
P.O. Box 3010
Barrington, IL 60011
Claim #: 0154677918

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 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 Kimberly S. Davis-Hopkins.

St. Margaret Mercy North (SSFHS)

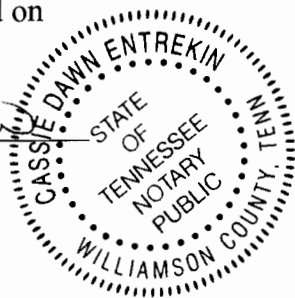
By: Linda Heffley
Linda Heffley, Litigation Specialist
Medical Reimbursements of America, LLC
o/b/o St. Margaret Mercy North (SSFHS)
425 Duke Dr., Suite 475
Franklin, TN 37067
(615) 963-3871

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

The foregoing statement was acknowledged and verified before me, on March 2, 2010 by Linda Heffley, the duly authorized agent of St. Margaret Mercy North (SSFHS), for and on behalf of said hospital.

Cassie Dawn Entekin
Cassie Dawn Entekin, Notary Public

My Commission Expires: 11/9/2011



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