

OFFICE OF THE RECORDER 2011 024294
LAKE COUNTY
AT CROWN POINT, INDIANA

2011 MAY -2 AM 8:48

REC'D

NOTICE OF AMENDED HOSPITAL LIEN

Amending Hospital Lien filed by document # 2009 082064 on 12/11/2009.

Notice is hereby given by Franciscan St. Anthony Health - Crown Point, located at 1201 South Main St., Crown Point, IN 46307 operated by Franciscan Alliance, Inc located at 1515 W. Dragoon Trail, Mishawaka, IN 46544, that Franciscan St. Anthony Health-Crown Point has furnished reasonable and necessary hospital care, treatment and/or maintenance to:

Annette Lee
2316 Washington Blvd
Unit A2W
Bellwood, IL 60104

from 8/2/2009 to 8/2/2009 and that the amount due for the services is \$ 3,674.45.

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:

Citizens Insurance
814 South Otsego
PO Box 681
Gaylord, MI 49734
Claim #: 1400236078

Document is NOT OFFICIAL!

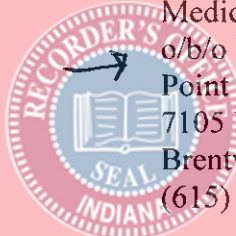
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A lien is hereby created pursuant to Indiana Code § 32-33-4-1, et seq., that Franciscan St. Anthony Health-Crown Point is entitled to a lien for the reasonable value of its services or expenses on any judgement, settlement, or compromise, from any and all causes of action, suits, claims, counterclaims or demands accruing to the patient for personal injuries rendered in favor of Annette Lee.

Franciscan St. Anthony Health-Crown Point

By: *Linda Heffley*
Linda Heffley, Litigation Specialist
Medical Reimbursements of America, LLC
o/b/o Franciscan St. Anthony Health-Crown Point
7105 Moores Lane
Brentwood, TN 37027
(615) 963-3871

STATE OF TENNESSEE
COUNTY OF WILLIAMSON



The foregoing statement was acknowledged and verified before me, on April 19, 2011 by Linda Heffley, the duly authorized agent of Franciscan St. Anthony Health-Crown Point, located on behalf of said hospital.

My Commission Expires: 12/14/2014

Cassie King
Cassie King, Notary Public

AMOUNT \$ _____
CASH _____ CHARGE _____
CHECK # 34262
COVERAGE 100
COPY _____
NON-COM
CLERK 10
E

**STATE OF TENNESSEE
NOTARY PUBLIC
WILLIAMSON COUNTY**