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2011 MAY -3 AM 9:16

HIND GENERAL HOSPITAL, LLC
101 W. 61st Avenue
Hobart, IN 46342
219-947-3030

MICHAEL AJMAN
RECORDER

Date: May 2, 2011

NOTICE OF HOSPITAL LIEN

To: Clarence Easter, 425 N. 4th Street, Clifton, IL 60927
Michael Dietchweiler, LaBeau, Dietchweiler & Associates, 200 East Court Street, Suite 700, Kankakee, IL 60901-3856
Country Life Insurance & Financial, Attn: Marilyn McMahon, 400 Glenwood Ave Joliet, IL 60435, Claim # 102-42545
Indiana Dept. of Insurance, 311 W. Washington St., Suite 300, Indianapolis, IN, 46204

PLEASE TAKE NOTICE: Hind General Hospital, LLC, 101 W. 61st Ave, Hobart, IN 46342, a duly licensed hospital in the State of Indiana, had rendered services to Clarence Easter for injuries sustained on or about March 4, 2009. HIND General Hospital, LLC hereby asserts a lien in the amount of \$11,068.72, pursuant Indiana Code 32-33-4 *et. seq.*, upon any cause of action, suit or claim whatsoever of said Clarence Easter, for services rendered March 1, 2011. The person, company or other entity liable or otherwise responsible for said injuries is: Country Life Insurance & Financial, Attn: Marilyn McMahon, 400 Glenwood Ave., Joliet, IL 60435, Claim # 102-42545.

I affirm under the penalties for perjury, that the above and foregoing representations are true, to the best of my knowledge, information and belief.

HIND GENERAL HOSPITAL, LLC

BY: 

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 2 day of May, 2011, above individual personally appeared, and I acknowledged the execution of the foregoing document. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

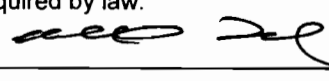


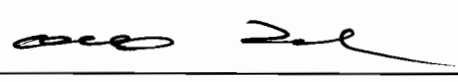
Notary Public

"OFFICIAL SEAL"
GEORGE BRASOVAN
Notary Public, State of Indiana
Resident of Lake County
My Commission Expires 12/15/2014

CERTIFICATE OF SERVICE

THIS IS TO CERTIFY that on the 3 day of May, 2011, by registered/certified United States Mail with proper postage affixed, the undersigned mailed a copy of the attached instrument to the above named individual(s), and to the Indiana Dept. Of Insurance, as required by law.





I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.

1100
✓ # 9651
AS