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

MICHAEL J. JUMAN  
RECORDER

Date: May 2, 2011

**NOTICE OF HOSPITAL LIEN**

To: Jacek Wolyniec, 13 North 76<sup>th</sup> Ave, Elmwood Park, IL 60707  
David Nemeroff, Nemeroff Law Offices, 180 North LaSalle Street, St 3112, Chicago, IL 60601  
Slava Aaron Tenenbaum Chartered, 5920 Dempster Street, Morton Grove, IL 60053  
Hanover Insurance Group, P.O. Box 15146, Worcester, MA 01615  
Indiana Dept. of Insurance, 311 W. Washington St., Suite 300, Indianapolis, IN, 46204

PLEASE TAKE NOTICE: Hind General Hospital, LLC, 101 W. 61<sup>st</sup> Ave, Hobart, IN 46342, a duly licensed hospital in the State of Indiana, had rendered services to Jacek Wolyniec for injuries sustained on or about August 29, 2010. HIND General Hospital, LLC hereby asserts a lien in the amount of \$79,598.44, pursuant Indiana Code 32-33-4 *et. seq.*, upon any cause of action, suit or claim whatsoever of said Jacek Wolyniec, for services rendered from February 7, 2011 through February 8, 2011. The person, company or other entity liable or otherwise responsible for said injuries is: Hanover Insurance Group, P.O. Box 15146, Worcester, MA 01615.

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: 

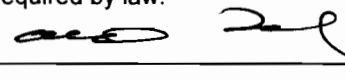
Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 2 day of May, 2011, above individual personally appeared, and I acknowledged the execution of the foregoing document. In witness whereof, I have hereunto subscribed my name and affixed my official seal.



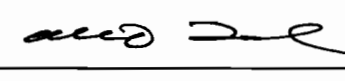
Notary Public  
"OFFICIAL SEAL"  
GEORGE BRASOVAN  
Notary Public, State of Indiana  
Resident of Lake County

**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.



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