



NOTICE OF HOSPITAL LIEN

Patient Information:  
Patient Name: Paul Dulberg  
Account# 71265382

Other Party Information: Insurance Company: To be named  
Responsible Party: David Gagnon/Maguire Claim#: Still to be decided

You are hereby notified that Paul Dulberg, was on or about the 28th day of June, 2011 was injured by the alleged negligence or wrongful act of David Gagnon/Maguire. You appear to be holding funds or expect to be holding funds in the future for payment which Northwest Community Hospital has a claim, demand or cause of action against. Paul Dulberg was a patient in the undersigned hospital, or was a patient on July 9, 2012 due to said injuries.

You are further notified that the undersigned hospital is a corporation organized not for profit under the laws of the State of Illinois and is located at 800 W. Central Road in the city of Arlington Heights, Illinois.

You are further notified that the undersigned hospital claims a lien upon any claim or demand or cause of action which the said injured party may have against the alleged wrong doer, and against any funds you may have presently or in the future which may be directed towards the injured party, in accordance with the terms and provisions of the statutes of the State of Illinois in such case made and provided, and that such lien is for the reasonable value of services rendered and to be rendered in a treatment, care and maintenance of such injured person at current rates, the amount of which lien will not exceed 1/3 of the sum paid or due to said injured person on said claim or right of action.

Our Hospital Nos: 71265382 Amount of Liens: \$6,366.00 NORTHWEST COMMUNITY HOSPITAL

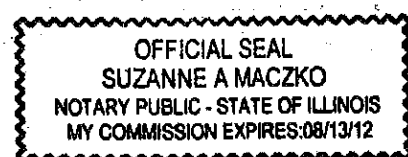
BY: Catie Harrison  
Catie Harrison  
Patient Financial Services  
Northwest Community Hospital

AFFIDAVIT OF PERSON MAILING NOTICE

STATE OF ILLINOIS }  
COUNTY OF COOK } SS

Subscribed and Sworn to Before Me  
this 23 Day of July, 2012

Suzanne A. Maczko  
NOTARY PUBLIC



NOTE: Requests for medical records pertaining to this case should be directed to:  
Medical Records  
Northwest Community Hospital  
800 W. Central Rd., Arlington Heights, IL 60005

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## NOTICE OF HOSPITAL LIEN

Patient Information:  
Patient Name: Paul Dulberg  
Account# 71265382

**WHO is being served?**

Other Party Information: **Insurance Company:** To be named  
**Responsible Party:** David Gagnon/Maguire **Claim#:** Still to be decided

You are hereby notified that Paul Dulberg, was on or about the 28th day of June, 2011 was injured by the alleged negligence or wrongful act of David Gagnon/Maguire. You appear to be holding funds or expect to be holding funds in the future for payment which Northwest Community Hospital has a claim, demand or cause of action against. Paul Dulberg was a patient in the undersigned hospital, or was a patient on July 9, 2012 due to said injuries.

You are further notified that the undersigned hospital is a corporation organized not for profit under the laws of the State of Illinois and is located at 800 W. Central Road in the city of Arlington Heights, Illinois.

You are further notified that the undersigned hospital claims a lien upon any claim or demand or cause of action which the said injured party may have against the alleged wrong doer, and against any funds you may have presently or in the future which may be directed towards the injured party, in accordance with the terms and provisions of the statutes of the State of Illinois in such case made and provided, and that such lien is for the reasonable value of services rendered and to be rendered in a treatment, care and maintenance of such injured person at current rates, the amount of which lien will not exceed 1/3 of the sum paid or due to said injured person on said claim or right of action.

Our Hospital Nos: Amount of Liens:  
71265382 \$6,366.00

NORTHWEST COMMUNITY HOSPITAL

BY: Catie Harrison  
Catie Harrison  
Patient Financial Services  
Northwest Community Hospital

## AFFIDAVIT OF PERSON MAILING NOTICE

STATE OF ILLINOIS }  
COUNTY OF COOK } SS

**What is being certified or sworn to here?**

Subscribed and Sworn to Before Me  
this 23 Day of July, 2012

Suzanne A. Maczko  
NOTARY PUBLIC

NOTE: Requests for medical records pertaining to this case should be directed to:  
Medical Records  
Northwest Community Hospital  
800 W. Central Rd., Arlington Heights, IL 60005

OFFICIAL SEAL  
SUZANNE A MACZKO  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES:08/13/12

Patient Account #: B1117900323

DOS: 06/28/2011 - 06/28/2011

## NOTICE OF HEALTH CARE PROVIDER LIEN

STATE OF ILLINOIS )  
COUNTY OF COOK ) SS **Example of a lien notice that spells out who is being served and siultanious defines who You is.**

TO: PAUL R DULBERG

4606 HAYDEN CT  
MCHENRY IL 60051-7918

Pursuant to 770 ILCS 23/10, you are hereby notified that PAUL R DULBERG of last known address of 4606 HAYDEN CT, MCHENRY IL 60051-7918 was on or about 06/28/2011 injured by the party alleged to be liable, Unknown, and/or other responsible party(ies), for which he may have a demand or cause of action. PAUL R DULBERG was a patient and received medical services and supplies in Northern Illinois Medical Center because of said injuries.

You are further notified that Northern Illinois Medical Center hereby claims a lien upon any claim or demand or cause of action which the said injured party may have in accordance with the terms and provisions of the Statutes of the State of Illinois in regard to health care provider liens in such cases made and provided, and that such lien is for the reasonable value of services rendered and to be rendered in the treatment, care and maintenance of such injured person, the amount of which lien will not exceed one-third of the sum paid or due to said injured person on said claim or right of action.

David H. Moon  
David H. Moon, ESQ.  
POWERS & MOON, LLC  
707 Lake Cook Road, Suite 102  
Deerfield, IL 60015

Received a copy of the above and foregoing notice  
This \_\_\_\_\_ day of \_\_\_\_\_ 2011

Lienholder: Northern Illinois Medical Center  
Address: C/O Powers & Moon, LLC  
707 Lake Cook Road, Suite 102  
Deerfield, IL 60015

Signed: \_\_\_\_\_

AFFIDAVIT OF PERSON MAILING NOTICE **Example of a lien that has an affidavit statement of the party who sent the document present and simultaneously answers the question of who or what the certifier is claiming to certify.**

STATE OF ILLINOIS )

COUNTY OF COOK ) SS

David H Moon, being first duly sworn on oath, deposes and says that (s)he served a copy of the above and foregoing notice by placing same in a properly stamped envelope addressed to the above address(es) and depositing same as certified mail in the Deerfield, Illinois Post Office on the 6th day of July, 2011.

(X) Under penalties as provided by law pursuant to 735 ILCS 5/1-109  
I certify that the statements as set forth herein are true and correct.

Signature