

Notice of Physician's Lien

LIEN

To: Hans Mast
3416 W Elm Street
McHenry IL 60050

You are hereby notified that the undersigned, a duly licensed and practicing physician in and for the State of Illinois, has and will render medical services in the treatment for injuries sustained by Paul Dulberg of 4606 Hayden Court, McHenry IL 60051, Illinois, on or about the 28th day of June 2011, and for which injuries the following person or persons is or may be liable to make compensation to the aforesaid injured person:

Paul Dulberg

The undersigned claims a lien as by the Statutes of the State of Illinois, in such case made and provided, upon the claim and cause of action or causes of action of said injured party aforesaid, for his reasonable charges for medical services rendered up to the date of payment of such damages.

That such lien shall attach to any verdict, judgment or decree secured in any action or decree secured in any suit or action of said injured party based on the negligent or wrongful act or acts of said person or persons, or whoever shall be found to be liable therefor, and to any money or property which may be recovered by compromise settlement, suit or action on account of the injuries so sustained not resulting in the death of the injured person; or to any verdict, judgment or decree in any suit brought by the estate of such injured person against any person or persons for the recovery of damages on account of injuries resulting in the death of such injured person.

In the event you have insurance, it is suggested for your protection, that this Notice of Physician's Lien be forwarded promptly to your insurance carrier.

Karen F. Levin, MD

Physician's Signature

Karen F. Levin, MD
ASSOCIATED PHYSIOLOGY, S.C.
1000 Hollister Drive
Suite 250

Libertyville, IL 60048

(847) 849-0555
2420.00

PROOF OF SERVICE

STATE OF ILLINOIS

COUNTY OF }

being duly sworn deposes and says that he

served the above and foregoing Notice of Physician's Lien upon the aforesaid

Hans Mast

by:

() Delivering a true copy thereof to said persons

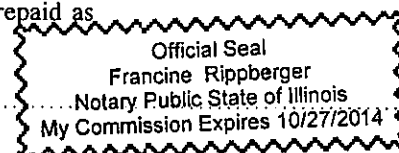
(☒) Placing a true copy of said notice in an envelope addressed to each of said persons at the addresses as above shown, and depositing the same in the United States Mails, postage prepaid as

mail on the 2nd day of May 2012

Subscribed and sworn to before me this

2nd day of May 2012

[Signature]
Notary Public



Notary Public Seal

**By Statute the notice must be served upon both the injured party and the person or persons allegedly liable. Service may be made in person, by registered or certified mail.