NOTICE OF PHYSICIAN'S LIEN

TO:

Sharon Kalibhan

c/o State Farm Insurance Co.

(Claim #13-5373-704SK)

7216 West 91st Street Bridgeview, IL 60456

PLEASE TAKE NOTICE that the undersigned, a duly licensed and practicing physician in the State of Illinois has rendered or will render services by way of treatment to Farhan Iqbal 2035 W. Granville Chicago Illinois . for injuries October 22, , 19^{-91} , and for which injuries the following named sustained on ... party or parties is or may be liable to make compensation to said injured person on account of any claims or rights of action which said injured person may have: Numes of Parties was May Be Lieble State Farm Insurance Co. 7216 W. 91st Street, Bridgeview, IL 60456 Claim # 13-53/3-704SK) Mohammad Iqbal (as parent/quardian) 2035 W. Granville, Chicago, IL 60659 Leif R. Camp 5644 N. Bernard, Chicago, IL. 60659

YOU ARE HEREBY MIRTHER NOTHHED that the undersigned claims a fien, as provided under the laws of the State of Illinois relating to Physician's Liens, upon all claims and causes of action of said injured person for his reasonable charges for services rendered up to the date of payment of such damages.

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

Total: \$1,548

John Joseph Greyhack, M.D. Physician

Children's Surgical Foundation 5219 N. Harlem Ave. Chicago, IL 60656

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PROOF OF SERVICE

ber -01 RECORDING T43/33 TRAM 04/13 49/125 C: M -- 4 1253 TRAH 0413 02/28/92 11:14100 1253 C #-92-12/532 COCL COUNTY RECORDER

STATE OF ILLINOIS COUNTY OF

Karen P. O'Neill being of legal age and being duly sworn, deposes and says that on the 27th day of February 19.92 he served the foregoing Notice of Physician's Lien upon the above-mentioned persons by:* () Delivering personally a true copy thereof to:

(Mailing a true copy thereof by \(\frac{1}{2} \) registered mail to the following named persons at their respective addresses above shown: State Farm Insurance Company

Mohammad Iqbal Leif R. Camp Lance C. Dale, Esq.

Sworn and subscribed to before me day of Feb. 19 92 27th

> PRICE NOTARY PUBLIC, STATE OF ILLINOIS MY CCMMISSION EXPIRES 1/16/94

Sidley & Austin One First National Plaza Suite 4900 Chicago, IL 60603

*Notice must be served upon the injured person and upon all parties allegedly liable on such claims or rights of action.

PHYSICIAN'S LIEN NOTICE OF BETWEEN

AND

UNOFFICIAL COP

Property of Cook County Clerk's Office

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GEORGE E. COLE² LEGAL FORMS