

NOTICE OF PHYSICIAN'S LIEN

TO: Lance C. Dale, Esq.
641 W. Lake Street
Suite 303
Chicago, IL 60661

92127533

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 of 2035 West Granville Chicago Illinois for injuries sustained on October 22, 1991, and for which injuries the following named 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:

- Names of Parties Who May Be Liable Addresses
State Farm Insurance Co. 7216 W. 91st St., Bridgeview, IL 60456
Claim #13-5373-704SK
Mohammad Iqbal (is parent/guardian) 2035 West Granville, Chicago, IL 60659
Leif R. Camp 5644 N. Bernard, Chicago, IL 60659

YOU ARE HEREBY FURTHER NOTIFIED that the undersigned claims a lien, 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 coverage, it is suggested for your protection, that this Notice of Physician's Lien be forwarded promptly to the insurance carrier.

Total: \$1,548

John Joseph Greyhack, M.C.
Physician
Children's Surgical Foundation
5219 N. Harlem Ave.
Chicago, IL 60656
Address

92127533

92127533

PROOF OF SERVICE
DEPT-01 RECORDING 423.50
14333 TRAN 0413 02/28/92 11:14:00
92127533
COOK COUNTY RECORDER

STATE OF ILLINOIS
COUNTY OF

Karen P. O'Neill

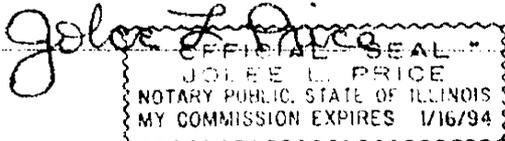
being of legal age and being duly sworn,
deposes and says that on the 27th day of February, 1992
he served the foregoing Notice of Physician's Lien upon the above-mentioned persons by:

() Delivering personally a true copy thereof to:

(X) Mailing a true copy thereof by registered/certified mail to the following named persons at their respective addresses above shown:

- Mohammad Iqbal
Lance C. Dale, Esq.
State Farm Insurance Co.
Leif R. Camp

Sworn and subscribed to before me
this 27th day of Feb. 1992



Handwritten signature of Karen P. O'Neill
Sidley & Austin
One First National Plaza
Suite 4900
Chicago, IL 60603
2359

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

UNOFFICIAL COPY

NOTICE OF
PHYSICIAN'S LIEN

BETWEEN

AND

GEORGE E. COLE,²
LEGAL FORMS

Property of Cook County Clerk's Office

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