

exit port in said first locked position to selectively lock said cord and wherein said positioning rod distal end cooperates with said anchor to move said anchor from said first and said second positions.

31. A medical assembly according to Claim 30 wherein said first and second configurations of said positioning rod and said valve lock are mating, threaded configurations.

32. A medical assembly according to Claim 30 wherein said valve lock includes at least two of said atrial anchors, said lock sidewall defining at least two exit ports configured for receipt of said atrial anchors and said positioning rod distal end applies forces to said atrial anchors to extend said atrial anchors outwardly from said lock central lumen through said exit ports.

33. An epicardial anchor assembly for endovascularly delivering and implanting an anchor in the pericardial space comprising:

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a removable catheter having a proximal and distal end and defining a central lumen between said proximal and distal ends wherein said catheter distal end is configured to be endovascularly introduced into the heart, through the endocardium and into the pericardial space and wherein the catheter proximal end and central lumen are in fluid communication with a fluid source;

a J-wire extending within said catheter central lumen;

a removeable anchor delivery guide defining a central lumen wherein said delivery guide moves along said J-wire;

an anchor delivery rod positioned within said anchor delivery guide lumen;

an anchor connected to a distal end of said delivery rod wherein the anchor is expandable so as to expand within the pericardial space; and

at least one cord connected to a proximal end of said anchor and extending along said delivery rod lumen and extending proximally from said delivery rod and said catheter.

34. An interventricular anchor assembly for endovascularly delivering and implanting an anchor in the septum comprising:

a removable catheter having a proximal and distal end and defining a central lumen between said proximal and distal ends wherein said catheter distal end is configured to be endovascularly introduced into the heart and through the septum;

a removeable radio frequency wire extending through said central lumen and operatively connected to a radio frequency source for guiding said wire into the heart and through the septum;

a removeable J-wire extending within said catheter central lumen;

a removeable anchor delivery guide defining a central lumen, said delivery guide selectively positioned along said J-wire;

an anchor delivery rod positioned within said anchor delivery guide lumen;

an anchor connected to a distal end of said delivery rod wherein the anchor is expandable so as to expand after piercing said septum; and

at least one cord connected to a proximal end of said anchor and extending along said delivery rod lumen and extending proximally from said delivery rod

5 and said catheter.