

925784

NOTICE OF HOSPITAL LIEN

You are hereby notified that St. Catherine Hospital of East Chicago, Inc. (hereinafter referred to as "Claimant"), whose principal address is 6321 Fir Street, East Chicago, Indiana 46312 and whose operator is John Birdzell, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment, or maintenance of the following patient: Donald Lyerla,

442 Calumet Ave., Chesterton, In., 46304
(Name and Address of Patient)

Said patient was admitted on the 5th day of June, 1987 and thereafter discharged on the 20th day of June, 1987.

The amount claimed to be due for hospital care is \$ 7,527.11.

To the best of Claimants' knowledge, the names and addresses of those claimed by the patient or by his legal representative to be liable for damages arising from the illness or injury causing such hospital admission are as follows:

Wood Insurance Agency Policy PPA34469
Statesman Insurance Company
401 Marquette Street
P.O. Box 1005
Valparaiso, In., 46383

JOSEPH MIKA
Chief Deputy
L.C. RECORDER
JUL 11 19 AM '87
FILED FOR RECORD

This Hospital Lien is being filed pursuant to the provisions of I.C. 32-8-26 in the Office of the Recorder of Lake County.

I affirm under penalties for perjury that I am authorized to execute this instrument and that the foregoing statements, and representations are true and correct.

St. Catherine Hospital of East Chicago, Inc.

6/22/87
(Date)

By: *Y-Vernia Hill*
(Signature)
Y-VERNIA Hill
(Printed)

Financial Counselor
(Title)

This instrument was prepared by James E. Daugherty, Attorney at Law, 6 East 67th Avenue, Herrickville, Indiana.

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Handwritten initials