

NOTICE OF HOSPITAL LIEN

You are hereby notified that St. Catherine Hospital of East Chicago, Indiana, Inc. (hereinafter referred to as "Claimant") whose principal address is 4321 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:

Debbie Hansen, 1336 Davis St., Whiting, In., 46394

Said patient was admitted on the 18th day of March, 1988.
and thereafter discharged on the 21st day of March, 1988.
The amount claimed to be due for hospital care is \$2,500.70.

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:

State Farm Auto Ins. Co. Policy # 5389282C2014C Claim #145460681
905 W. Glen Park Ave Agent: William J. Bryan
Griffith, In., 46319 3512-169th St.
Hammond, In., 46323

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.

FILED FOR RECORD
CROWN POINT, INDIANA 46307
RECORDED - LAKE COUNTY
STATE OF INDIANA
APR 19 11 22 AM '88
LILLIAN A. BLASTICK

ST. CATHERINE HOSPITAL OF EAST CHICAGO INDIANA, INC.

3 28 88
(Date)

By: *Y-Vernia Hill*
(Signature)
Y-Vernia Hill
(Printed)
Financial Counselor
(Title)

This Instrument was prepared by James E. Daugherty, Attorney at Law, 8550 Broadway, Merrillville, Indiana 46410.

cc: INDIANA DEPARTMENT OF INSURANCE
311 West Washington Street
Indianapolis, Indiana 46204-2787

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