NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Notice is hereby given that St. Mary Medical Center, whose principal addresses are 540 Tyler Street, Gary, Indiana and 1500 South Lake Park Avenue. Hobart, Indiana, intends to hold a Hospital Lien for all reasonable and necessary charges for the hospital care, treatment or maintenance rendered to the Patient named herein, in accordance with the provisions of I.C. 32-8-26-6, et seq.. Said lien shall attach to any cause of action, suit or claim accruing to said Patient, or in the event of the Patient's death, to his legal representative, because of the illness or injuries that gave rise to the cause of action, suit or claim, and necessitated the hospital care, treatment or maintenance referred to herein.

1.	Patient Name and Address: Gregory McNair - 2521 Ellis St., Gary, IN	•
2.	46407 Operator of Hospital: John Birdzell, 540 Tyler St., Gary, IN	
3,	Date of Admission: June 25, 1988	. •
4.	Date of Discharge: June 30, 1988	.•
5.	Amount Due For Hospital Charges: \$1,968.00	
6.	Names and Addresses of all persons whom Patient, his Personal Represent tive or his Attorney claims is responsible for payment of the Damag arising from the illness or injury causing this Hospital Admission:	a- es
	NAME ADDRESS	
	Unknown	_
7.	Name and Address of Patient's Attorney: Attorney Gus Galanos - 5655 Broadway, Merrillville, IN 46410	
this l	I affirm, under the penalties for perjury, that I am authorized to execuins Instrument, and that the foregoing statements and representations are transcorrect.	te ue
	ST. MARY MEDICAL CENTER	
	By: 10 bet 11 11 lukov (Signature)	
`	Its Attorney (Title)	CROWN PUIN
	SEP	N POINT

cc: INDIANA DEPARTMENT OF INSURANCE
311 West Washington Street, Suite 300
Indianapolis, IN 46204-2787

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

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