## 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. David Petursson - 3962 Ohio St., Gary, IN Patient Name and Address: 46409

2. Operator of Hospital:

John Birdzell, 540 Tyler St., Gary, IN

3. Date of Admission: July 30, 1988

4. Date of Discharge: July 31, 1988

Amount Due For Hospital Charges: \$1,227.00

Names and Addresses of all persons whom Patient, his Personal Representative or his Attorney claims is responsible for payment of the Damages arising from the illness or injury causing this Hospital Admission:

<u>NAME</u>

## **ADDRESS**

STATE FARM INSURANCE COMPANY (Policy No: 5757-217-B26-14)

905 West Glen Park Avenue, Griffith, Indiana 46319

Name and Address of Patient's Attorney:

Attorney Dale Allen -

ALLEN & SARKESIAN

5825 Broadway

Merrillville, Indiana 46410

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

Date: August 31, 1988

ST. MARY MEDICAL CENTER

Its Attorney

(Title)

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

