995924

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: Drifa Peturs	son - 3962 Ohio St., Gary, IN	
2.	Operator of Hospital: John Birdzell,	46409 540 Tyler St., Gary, IN	
3.	Date of Admission: July 30, 198	88	
4.	Date of Discharge: July 31, 198	e: July 31, 1988	
5.	Amount Due For Hospital Charges: \$1,401.00		
6.	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> <u>ADDR</u>	ADDRESS	
	STATE FARM INSURANCE COMPANY (POLICY NO: 5757-217-B26-14) 905 West Glen Park Avenue, Griffith, Indiana 46319		
7.	Name and Address of Patient's Attorney:	Attorney Dale Allen ALLEN & SARKESIAN 5825 Broadway Merrillville, Indiana 46410	
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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.

ST. MARY MEDICAL CENTER

Date: <u>August 31, 1988</u>

(Signature)

<u>Its Attorneỳ</u> (Title) SEP 6 11 26 AH

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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