

995925

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:

MARIA LOUIS VALDEZ
3924 GUTHRIE ST. E. CHICAGO, IND. 46312

Said patient was admitted on the 7TH day of JULY, 1988
and thereafter discharged on the 30TH day of JULY, 1988
The amount claimed to be due for hospital care is \$10,492.00.

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:

INSURED: DANIEL VALDEZ (HUSBAND)
VERNON FIRE & CASUALTY INS. POLICY # SD182951
THRU THE CROWEL INSURANCE AGENCY
8244 KENNEDY AVE.
HIGHLAND, IND. 46322
OTHER CAR - DRIVER TERRENCE NEAL
3830 CAREY ST. E. CHICAGO, IND. 46312 SS# 315 94 9034

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.

LILLIAN A. BLASTICK
RECORDER, LAKE COUNTY,
CROWN POINT, INDIANA 46307
FILED FOR RECORDING
SER 6 11 26 AM '88

ST. CATHERINE HOSPITAL OF EAST CHICAGO INDIANA, INC.

7-20-88
(Date)

By: [Signature]
(Signature)

Dolores Flores
(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, Suite 300
Indianapolis, Indiana 46204-2787



[Handwritten mark]