BUILD HELL WELLS AND SKING OF THE SECURIOR

NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Notice is hereby given that LAKESHORE HEALTH SYSTEM, INC d/b/a St. Catherine Hospital, whose principal address is 4321 Fir Street, East Chicago, 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.

 Patient Name and Address:	Almedina, Arlene 4822 Homerlee E. Chgo, In 46312
	John Birdzell, 540 Tyler St. Gary, Indiana
3. Date Of Admission:	Sept. 30, 1988
4. Date Of Discharge:	Sept. 30, 1988
5. Amount Due For Hospital Cha	arges: \$456.00
	his Attorney claims is respon- amages arising from the illness
Name	Address Address
J. & M. Trucking	1112 Western Mukwonago WI
Glenn A. Edwards	12 AK
James Unke & Mark Unke	S9 P
7. Name and Address of Patient	's Attorney: James Meyers HI
	5221 Fontain Dr. Suite A
	Crown Point, In 46307
I affirm, under the penal authorized execute this Instrument ments and representations are true	
	LAKESHORE HEALTH SYSTEM, INC. d/b/a St. Catherine Hospital By:

cc: Indiana Department Of Insurance 311 West Washington Street, Suite 300 Indianapolis, Indiana 46204-2787

This Instrument Prepared By
THE LAW OFFICES OF JAMES E. DAUGHERTY
8550 Broadway
Merrillville, Indiana 46410

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LILLIAN A. BLASTICK