NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

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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.

1.	Patient Name and Address: Account # 8807523	Almed	dina, Inf G		822 Hom	erlee In 46312
2.	Operator of Hospital:		irdzell, 5 Gary, Indi	40 Tyl	-	•
3.	Date Of Admission:	10-16	-88		···	-
4.	Date Of Discharge:	10-18	-88			-
5.	Amount Due For Hospital Cha	rges:	\$622.00			-
5 .	Names and addresses of all Personal Representative, or					on-
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I affirm, under the penalties for perjury, that I am authorized execute this Instrument, and that the foregoing statements and representations are true and correct.

d/b/a St. Catherine Hospital

By:

Robert M. Mirkov Its Attorney

Title

: 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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