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.

	•	Name and Address	HELEN SUTTON 88 8920 OHIO PL. HIGHLAND. IN 46322
2.	Operato	r of Hospital:	John Birdzell, 540 Tyler St. Gary, Indiana
3.	Date Of	Admission:	JANUARY 14, 1991
4	Date Of	Discharge:	JANUARY 14, 1991
5.	Amount	Due For Hospital	Charges: \$1023.50
Nam ALLS Ager Poli	Persona sible f or inju The TATE INSU it: Gera cy No.	Rapresentative, of payment of the the ry causing this is bocument is the Lake County RANGE COMPANY 112 905868	Hobart, Indiana 46342 and that the foregoing state- ue and correct.
		•	LAKESHORE HEALTH SYSTEM, INC. d/b/a St. Catherine Hospital

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

This instrument Prepared By
THE LAW OFFICES OF JANES E. DAUGHERTY
8550 Broadway
Nerrillville, Indiana 46410

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INSURANCE BILLING REPRESENTATIVE Title

JANUARY 22, 1991