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.

1. Patient Name and Address:	OSCAR EMERY 4130 = RUTLEDGE - ST., GARY, IN. 46408
2. Operator of Hospital:	John Birdzell, 540 Tyler St. Gary, Indiana
3. Date Of Admission:	JANUARY 25, 1991
4. Date Of Discharge:	JANUARY 27, 1991
5. Amount Due For Hospital Ch	
6. Names and addression C11 Personal Representative, or sible for payment of the discording this Hosporthis Document is the Name the Lake County R STATE FARM INSURANCE CRAIGE STEPHEN TESKE NATIONAL UNION - AUTO INSURANCE C.O Craige Stephen Teske 7. Name and Address of Patient'	chis Attorney claims is respondent amages exising from the illness pital Admission: ecord Address 16 West 84th Drive Merrillvill 2025 PRINTISS DRIVE Indiana DOWNERS GROVE. IL
I affirm, under the penal authorized execute this instrument ments and representations are true	and that the foregoing state-

LAKESHORE HEALTH SYSTEM, INd/b/a St. Catherine Hospital

un Marie Honew

INSURANCE BILLING REPRESENTATIVE
Title

FEBRUARY 5, 1991

cc: Indiana Department Of Insurance
3/1 West Washington Street, Suite 300
Indianapolis, Indiana 46204-2787

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

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