Notice is hereby given that LAKESHORE HEALTH SYSTEM, INC d/b/a St. Hary Medical Center, whose principal address is 540 Tyler Street, Gary, Indiana and 1500 South Lake Park Avenue, Hobart, 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:	WILLIE M. PANUNZIO 618 CAMELOT MANOR. PORTAGE. IN
2. Operator of Hospital:	John Birdzell, 540 Tyler S Gary, Indiana
3. Date Of Admission:	FEBRUARY 2, 1991
4. Date Of Discharge:	FEBRUARY 12. 1991
5. Amount Due For Hospital C	
6. Names and addresses of all Personal Representative; sible for payment of the or injury gausing which is	of his Attorney claims is res danages arising from the ill
the Lake Councillator insurance GROUP # 2210976565 - PMP	y Recorder! 9131 BROADWAY MERRILLIVILLE IN 46410
7. Name and Address of Patien	t's Attorney: Unknown
COUNTER	
I affirm, under the penderized execute this Instruced and representations are with	ties for perjury, that I
and tahranauractous are the	and Corride.

APRIL 2, 1991
INSURANCE BILLING REPRESENTATIVE
TITLE

DBERT

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cc: Indiana Department Of Insurance 311 West Washington Street, Suite 300 Indianapolis, Indiana 46204-2767

This instrument Prepared By
THE LAW OFFICES OF JAMES E. DAUGHERTY

8550 Broadway
Merriliville, Indiana 46410

(219) 769-5500

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