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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: CLIFFORD MAYES
952 MURRAY ST., HAMMOND, IN 46320

2. Operator of Hospital: John Birdzell, 540 Tyler St.
Gary, Indiana

3. Date Of Admission: 04/16/91

4. Date Of Discharge: 04/16/91

5. Amount Due For Hospital Charges: \$3,140.15

6. Names and addresses of all persons whom Patient, his Personal Representative, or his Attorney claims is responsible for payment of the damages arising from the illness or injury causing this hospital admission:

Name	Address
STATE FARM INS	16 West 84th Drive Merrillville, Indiana 46410

7. Name and Address of Patient's Attorney: Robert Vegter
VEGTER FISHER KELLY & O'TOOLE
100 E 90TH DR.
MERRILLVILLE IN 46410

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.

LAKESHORE HEALTH SYSTEM, INC.
d/b/a St. Catherine Hospital

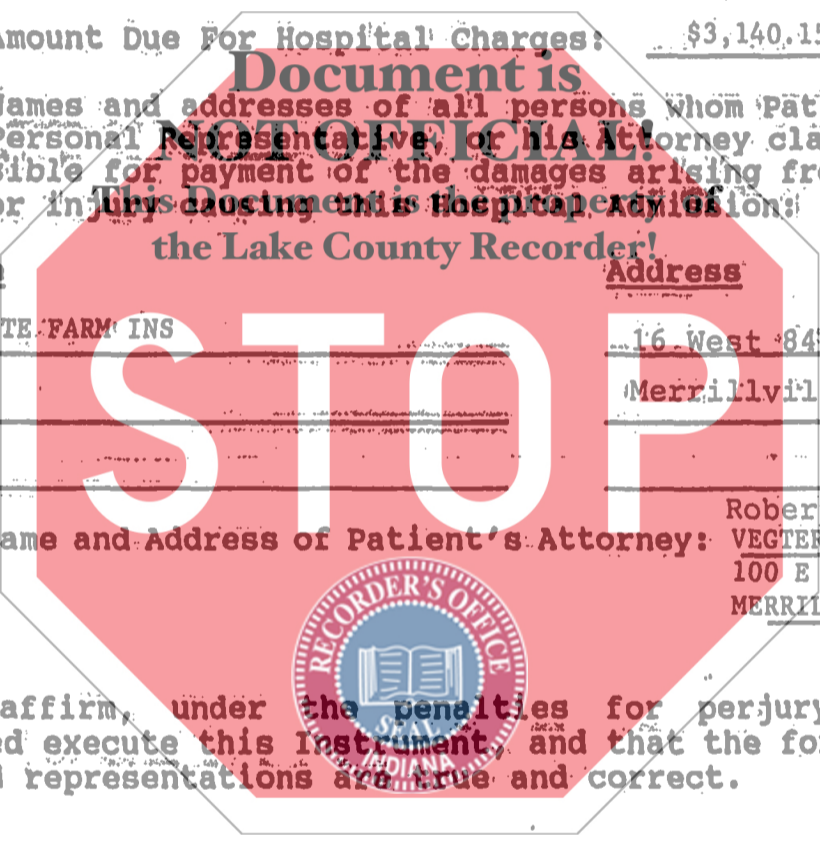
By: Robert M. Mirkov

Robert M. Mirkov, Its Attorney
Title

cc: Indiana Department Of Insurance
231 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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STATE OF INDIANA, S. NO. 1
LAKE COUNTY
FILED
MAY 3 1 02 1991
ROBERT VEGTER
RECORDED
AND