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NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Notice is hereby given that LAKESHORE HEALTH SYSTEM, INC d/b/a St. Mary 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: MARTHA CASANOVA 6608 TANGLEWOOD CT APT. 2A HAMMOND, IND 46323
2. Operator of Hospital: John Birdzell, 540 Tyler St. Gary, Indiana
3. Date of Admission: 3/22/91
4. Date of Discharge: 3/22/91
5. Amount Due For Hospital Charges: \$1156.30

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: the Lake County Recorder!

Table with 2 columns: Name, Address. Includes entries for STATE FARM INSURANCE, Robert Eich, and an Unknown attorney.

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. Mary Medical Center By: M. Allen Insurance Billing Title

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

This Instrument Prepared By THE LAW OFFICES OF JAMES B. DAUGHERTY 8550 Broadway Merrillville, Indiana 46410 (219) 769-5500

STATE OF INDIANA/S.S. NO. LAKE COUNTY FILED MAY 3 11 04 AM '91 ROBERT RECORDER

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