91023448 TO HOLD HOSPITAL LIEN

Notice is hereby given that LAKESHORE REALTH 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:	GIBBS, DENZIL 4550 COSNER AVE
2. Operator of Hospital:	John Birdzell, 540 Tyler St. Gary, Indiana
3. Date Of Admission:	2/23/91
4. Date Of Discharge:	2/25/91
5. Amount Due For Hospital Ch	1arges: \$6,446.20
6. Names and addresses of the Personal Representative of sible for payment of the cor injury causing this House the Lake County	r his actorney claims is respon- leased arising from the illness upital Admission:
CHASE STREET AUTO	2800 CHASE ST GARY, IND 46404
7. Name and Address of Patient	m of Ax man of the control of the co
I affirm, under the pens authorized execute this Instrument ments and representations are true	, and that the foregoing state-
	LAKESHORE HEALTH SYSTEM, INC. d/b/a St. Hary Medical Conter
	By: 111. (1)
	Insurance Giller
	T.T.C.

cc: Indiana Department Of Insurance 300 Indianapolis, Indiana 46204-2787

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

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