

91029111

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: CARTER, DARRELL 505 149TH-PL
- 2. Operator of Hospital: EAST CHICAGO, IND 46312
John Birdzell, 540 Pyle St.
Gary, Indiana
- 3. Date Of Admission: 5/11/91
- 4. Date Of Discharge: 5/11/91
- 5. Amount Due For Hospital Charges: \$1050.85

STATE OF INDIANA/S.S.N.D.
LAKE COUNTY
FILED FOR RECORD
MAY 12 11 44 AM '91
RECORDER (B08) FREELAND

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:

This Document is the property of the Lake County Recorder!

Name	Address
<u>DARRELL CARTER</u>	<u>505 149TH PL EAST CHGO, IN 46312</u>
	<u>P.O. BOX 1002 HAMMOND, IND 46325</u>

7. Name and Address of Patient's Attorney: Unknown

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: M. Allen
Industrial 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 E. DAUGHERTY
8550 Broadway
Merrillville, Indiana 46410



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