## OF NOTICE INTENTION 91029175 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, 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.

TEODORO V. RAMIREZ

	1. Patient Name and Address:						4023 DEODOR, EAST CHICAGO, IN 4631:				
	2. Operator of Hospital:					John	John Birdzell, 540 Tyler St. Gary, Indiana				
	3.	. Date Of Admission:				MAY 1	MAY 1, 1991				
٠	4.	Date	of	Discha	rge:	MAY	1, 1991				
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	6.	Perso	ona. e/f	Repres	eses of e sentative, ent of the ing this i ment is the	or his damage	Attorne Larisi	y cla清爾s ng frenc t	is resp hevillo 2	POR REPORTED IN THE PROPERTY OF THE PROPERTY O	
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•	7.	Name	and	Addres	s of Patie	nt's Ati	orney:	Unkno	wn		
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LAKESHORE HEALTH SYSTEM, INC d/b/a St. Catherine Hospital INC.

Un Marie Honew JUNE 6, 1991

> INSURANCE BILLING REPRESENTATIVE Title

Indiana Department Of Insurance 311 West Washington Street, Suite 300 Indianapolis, Indiana 45204-2787

> This Instrument Prepared By THE LAW OFFICES OF JAMES E. DAUGHERTY 8550 Broadway Nerrillville, Indiana 46410