## 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, Hobert, Street, Gary, Indiana and 1500 South Lake Park Avenue, Hobert, 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. treatment or maintenance referred to herein.

1. Patient Name and Address:	SHERRY D BROWN 2700 VIGO ST. LAKE STATION, IN 46405
2. Operator of Hospital:	John Birdzell, 540 Tyler St. Gary, Indiana
3. Date Of Admission:	JUNE 1, 1991
4. Date Of Discharge:	JUNE 23. 1991 (CYCLE)
5. Amount Due For Hospital Ch	\$736.25
6. Names and addresses of all Personal Representative, to sible for payment of the door injury bausing their Rose the Lake Count	a hid Attorney claims is respon- amages arising from the illness studio policy fon:
7. Name and Address of Patient	P.O. BOX 1344 SOUTHEREND. IN 466 PROPERTY OF THE PROPERTY OF T

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

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INSURANCE REPRESENTATIVE

Title

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

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