

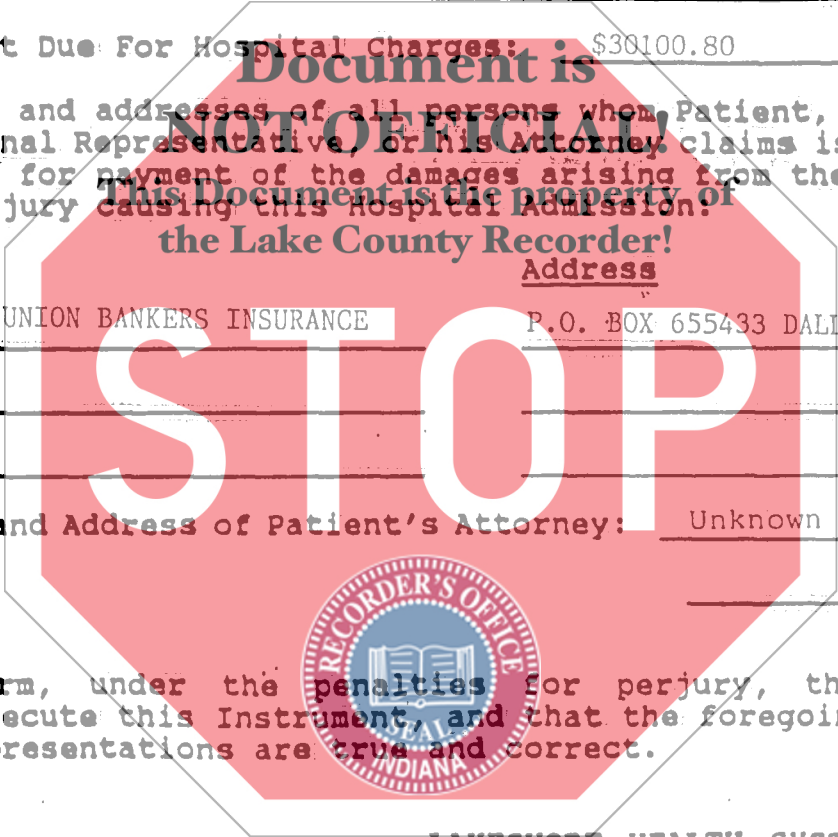
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NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

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: SMITH, LUCIOUS 111 670 OHIO ST GARY, IND 46404
2. Operator of Hospital: John Birdzell, 540 Tyler St. Gary, Indiana
3. Date Of Admission: 12/15/91
4. Date Of Discharge: 12/31/91
5. Amount Due For Hospital Charges: \$30100.80
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.

Table with 2 columns: Name, Address. Row 1: UNION BANKERS INSURANCE, P.O. BOX 655433 DALLAS, TEXAS 75265-5433. Row 2: (blank), (blank). Row 3: (blank), (blank). Row 4: 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. Mary Medical Center By: [Signature] 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 (219) 769-5500

RECORDED FEB 14 9 23 AM '92 STATES

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