

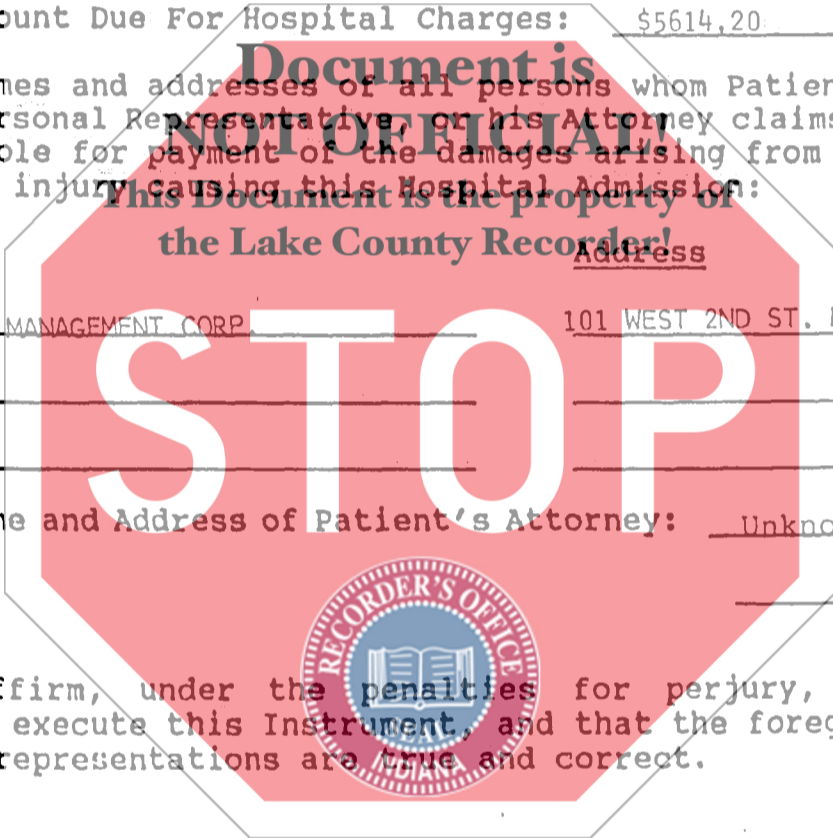
92338374

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: ELIZABETH LOMBARDI 4945 INDIANAPOLIS BLVD. E.C. IN 46312
- 2. Operator of Hospital: John Birdzell, 540 Tyler St. Gary, Indiana
- 3. Date Of Admission: APRIL 14, 1992
- 4. Date Of Discharge: APRIL 18, 1992
- 5. Amount Due For Hospital Charges: \$5614.20
- 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:

Name	Address
<u>REST. MANAGEMENT CORP.</u>	<u>101 WEST 2ND ST. MICHIGAN CITY, IN 46360</u>
- 7. Name and Address of Patient's Attorney: Unknown



STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORDS
 JUN 15 11 47 AM '92
 ROBERT

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: [Signature]
 INSURANCE REPRESENTATIVE
 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



[Handwritten initials]