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:	JOSEPH HOOPER 5101 SHERWIN AVE PORTAGE I
2. Operator of Hospital:	John Birdzell, 540 Tyler St. Gary, Indiana
3. Date Of Admission:	4/3/92
4. Date Of Discharge:	4/3/92 ROBE F
5. Amount Due For Hongital Ch	\$3036.95 E
6. Names and addresses of all	persons when Patient, his 5
sible for heavent of the st	drages arising from the illness
or injury causing this Hos the Lake Count	ty Recorder!
Name	Address
STATE FARM GREG TURNER	905 W GELN PK AVE GRIFFITH IN 46319
	clm # 14 5581094
7. Name and Address of Patient	GALLOWAY & JACKSON DAVE GALLOWAY REPRESENTING
SULUDER	442 N CALUMET AVE SUITE 200
	CHESTERTON, IN 1 929 4262
I affirm, under the penal	
The state of the s	t, and that the foregoing state-

LAKESHORE HEALTH SYSTEM, INC. d/b/a St. Mary Medical Center

By:

Title

cc: Indiana Department Of Insurance 311 West Washington Street, Suite 300 Indianapolis, Indiana 46204-2787

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

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