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.

 Patient Name and Address: Operator of Hospital: 	John Birdzell, 540 Tyler St.
	Gary, Indiana
3. Date Of Admission:	4/9/92 to 4/19/92 @ 2/23/92 to 2/29/92
4. Date Of Discharge:	4/19/92 2/29/92
5. Amount Due For Hospical Co	7515.65
Personal Representative, sible for payment of the or injury called his light of the control of t	damages arising from the illness
STATE FARM c/o Adjuster Gregory Turner Policy Number: 14-5581094	905 W GLEN PRK GRIFFITH IN 46319
7. Name and Address of Patient PHONE No. PHONE	CHESTERTON, in CHESTERTON, in CHESTERTON, in CHESTERTON, in CHESTERTON, in CHESTERTON, in CHESTERTON, in

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
Merrillville, Indiana 46410
(219) 769-5500

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