## 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.

SOFIA KOPANAKIS

1. Patient Name and Address: 2740 ELKHART, LAKE STATION, IN 46405

2. Operator of Hospital:

John Birdzell, 540 Tyler St. Gary, Indiana

\$1707.55.

3. Date Of Admission:

JUNE 5, 1992

4. Date Of Discharge:

JUNE 7, 1992

5. Amount Due For Mospital Charges

6. Names and addresses of all persons whom Patient, his
Personal Representative, or his attorney claims is respon-

sible for payment of the danger arising from the illness or injury causing this Hospital Admission:

the	Lake Country	recorder.				
Name:		Addre	188			
ALLSTATE INSURANCE	COMPANY	9131 B	ROADWAY S	TREET		
YCLAIM # 22112248415	RB	MERRIL	LVILLE, I	N 46410		_
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7. Name and Addre	ss of Patient'	s.Attorney	\$			
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I affirm, under the constitute 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

and

Bv:

JUNE 16, 1992

INSURANCE BILLING REPRESENTATIVE

co: Indiana Department Of Insurance 311 West Washington Street, Suite 100 Indianapolis, Indiana 46204-2787

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

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