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 Addres	John Birdzell, 540 Tyler
2. Operator of Hospital:	Gary, Indiana 8
3. Date Of Admission:	JULY 18, 1992
4. Date Of Discharge:	JULY 19, 1992
5. Amount Due For Hospital	Chargerit is \$4,284.10
6. Names and addresses of	all persons whom Patient, his
Sidle for payment of th	or his Attorney claims is resigned as design of the ill
or injury causing this	Address
State Farm Insurance Company	- 120
(Agent Tom Million)	Portage, IN 40368
7. Name and Address of Pati	entre Attorney: Unknown

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

<u>لا</u> - الا

BILLER:

Title

CC: Indiana Department Of Insurance 311 West Washington Street, South 300 Indianapolis, Indiana 46204-2787

ments and representations are true and correct.

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

OF LABILARYS.S.NO.
LAKE COUNTY
LAKE COUNTY
LED FOR RECORD

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