

**NOTICE OF INTENTION
TO HOLD HOSPITAL LIEN**

92051136

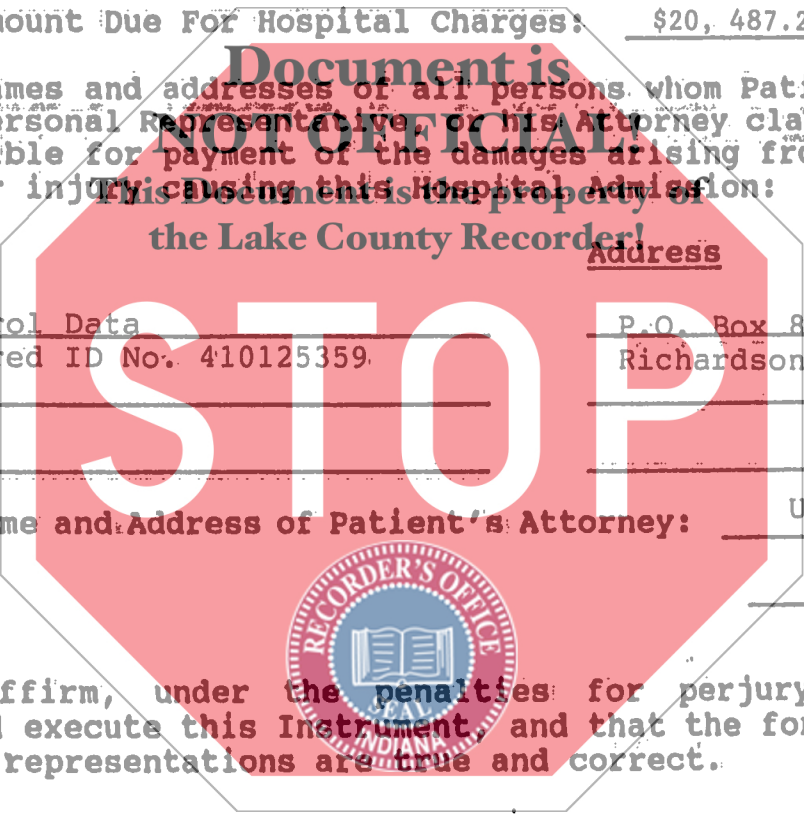
Notice is hereby given that **LAKESHORE HEALTH SYSTEM, INC** d/b/a St. Catherine Hospital, whose principal address is 4321 Fir Street, East Chicago, Indiana, intends to hold a Hospital Lien for all reasonable and necessary charges for the hospital care, treatment or maintenance rendered to the Patient 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: HARDY, MARY LOU
5013 ALEXANDER AVE
EAST CHGO IN 46312
- 2. Operator of Hospital: John Birdzell, 540 Tyler St.
Gary, Indiana
- 3. Date Of Admission: JUNE 19, 1992
- 4. Date Of Discharge: JULY 16, 1992
- 5. Amount Due For Hospital Charges: \$20, 487.25

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
Control Data	P.O. Box 851437
Insured ID No. 410125359	Richardson, Texas 75085

7. Name and Address of Patient's Attorney: Unknown



STATE OF INDIANA / S.M.U.
 LAKE COUNTY
 FILED FOR RECORD
 11 17 AM '92
 RECORDER

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: Jean M Brodeur

 BILLER Title

cc: Indiana Department Of Insurance
 211 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

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