92051441 TO HOLD HOSPITAL LIEN

Notice is hereby given that LAKESHORE HEALTH SYSTEM, INC d/b/s St. Mary Medical Center, whose principal address is 540 Tyler Street, Gary, Indiana and 1500 South Lake Park Avenue, Hobert, 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.

 Operator of Höspital: Date Of Admission: Date Of Discharge: 		HOBART, IND 46342 John Birdzell, 540 Tyler St Gary, Indiana 6/30/92					
				5. Amount Due For	Hospital Che	\$34	,504.30
				6. Names and addre	ases of all	Persons who	Patient, his
Personal Repres	entative, or	-nus-Actorney	/ claima is rest				
or injury caus	ocument is t	Medes period	from the illr				
Name	Lake County	Recorder:					
SMITH, DAVID W.		Address					
GHIII DAVID II.		767 W.	HWY. 130 HOBERT, IN				
			R.				
7. Name and Address	of Pationts	s Attorney:	Unknown -				
	STORDER O		5				

ments and representations are true and correct.

LAKESHORE HEALTH SYSTEM, INC.

By:

INSURÂNCE BILLER

d/b/a St. Mary Medical Center

Title

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

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

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