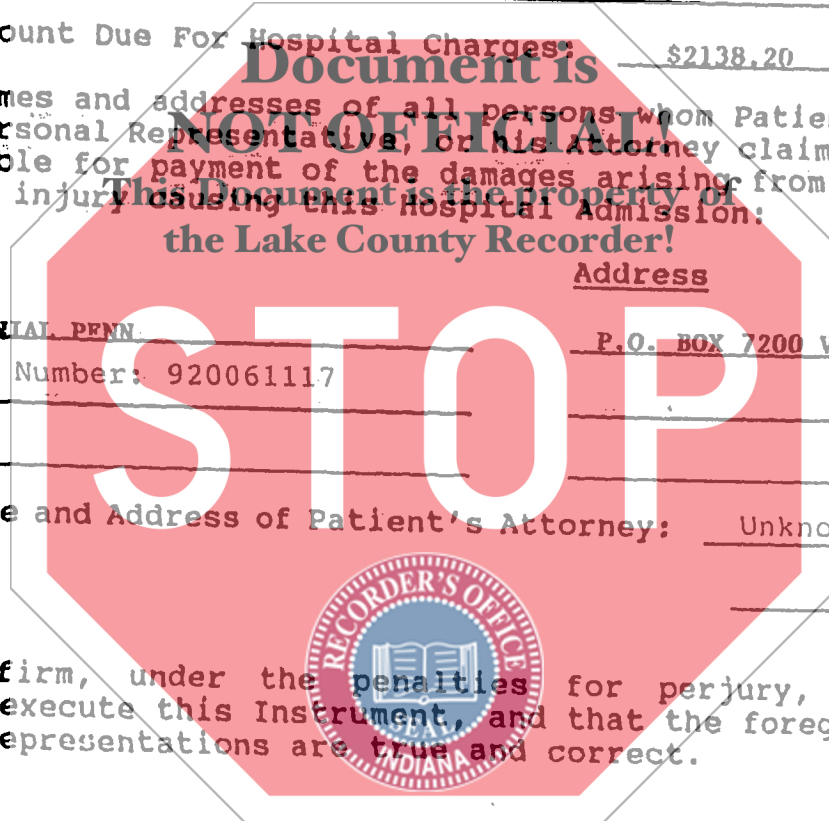


93011847 NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

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: CYNTHIA UPSHAW 2821 W. 6TH AVE GARY, IN
2. Operator of Hospital: John Birdzell, 540 Tyler St. 46404 Gary, Indiana
3. Date Of Admission: cycle 11-24-92 TO 12-18-92
4. Date Of Discharge: 12/18/92
5. Amount Due For Hospital Charges: \$2138.20
6. Names and addresses of all persons whom Patient Personal Representative, or his Attorney claims responsible for payment of the damages arising from or injury causing this hospital admission:

Name	Address
<u>COLONIAL PENN</u>	<u>P.O. BOX 7200 VILLA PARK, IL 60181</u>
Claim Number: <u>920061117</u>	
7. Name and Address of Patient's Attorney: Unknown



STATE OF INDIANA/S.S. NO. FILED FOR RECORD
 Feb 22 11:24 PM '93
 SALES & RECORDS
 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: [Signature]
insurance representative
Title

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

This Instrument Prepared By
THE LAW OFFICES OF JAMES E. DAUGHERTY
8550 Broadway
Nerrllville, Indiana 46410



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