NOTICE OF HOSPITAL LIEN

93014371

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, claims a 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.. This 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 claims, and necessitated the hospital care, treatment or maintenance referred to herein.

Patient Name and Address: Jeffrey Jendreas
                            7 Forestdale Parkway
                            Calumet City, IL 60409

Operator of Hospital: John Birdzell
                            1500 S. Lake Park   Hobart, IN

Date of Admission: 10-16-92

Date of Discharge: 10-16-92

Amount Due For Hospital Charges: $2,047.00

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
Jarret Knyal	555 Vale Avenue
	Arlington Heights, IL 60005
State Farm Insurance Co.	1040 West Northwest Highway
Adjustor: Karen Kallas	Mt. Prospect, IL 60005
Claim #: 2211297549 PAK	

Name and Address of Patient's Attorney: Balkin & Dorin, Ltd.
                                       188 West Randolph Street
                                       Chicago, IL 60601

I affirm, under the penalties for perjury, that I am authorized to execute this instrument, and that the foregoing statements and representations are true and correct.
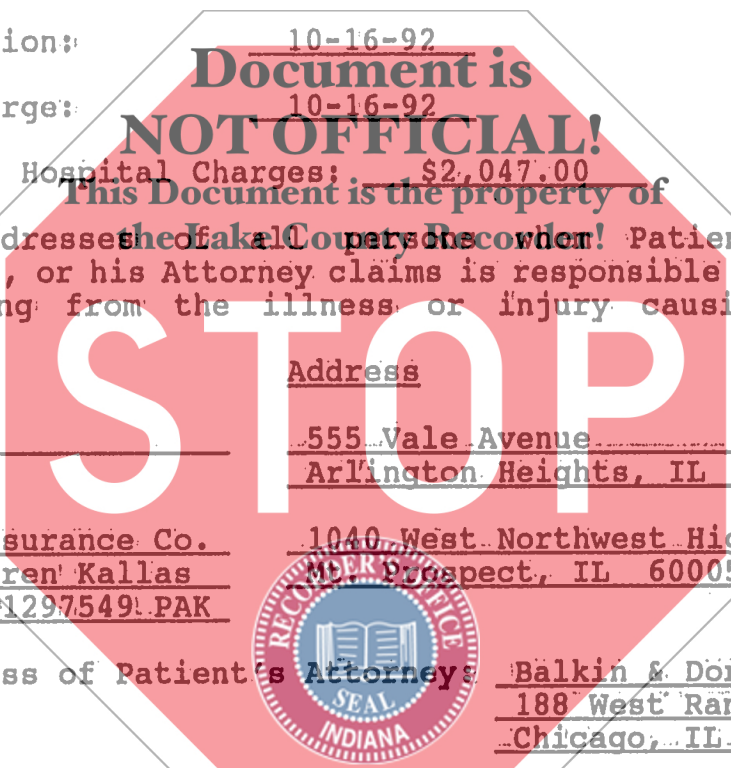
Marc Stryk Krimen

By: _____ 3/01/93

                                             Date

                                       Attorney
                                          Title

cc: Indiana Dept. of Insurance   cc: Clerk of Lake County, Indiana
     211 West Washington Street   2293 N. Main Street
     Indianapolis, Indiana 46204-2787   Crown Point, Indiana 46307

THIS INSTRUMENT PREPARED BY
KNEPPER, MOGA, KRIMEN & CURRAN

322 S. GREEN STREET, SUITE 508   10 WEST MARKET STREET, SUITE 500
CHICAGO, ILLINOIS 60607   INDIANAPOLIS, INDIANA 46204
312-829-8848   317-464-8165