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**NOTICE OF INTENTION
TO HOLD HOSPITAL LIEN**

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 Address: JOHN DURBIN 4411 E. 25TH AVE. LAKE STATION, IN 46405
- 2. Operator of Hospital: John Birdzell, 540 Tyler St. Gary, Indiana
- 3. Date of Admission: FEBRUARY 16, 1993
- 4. Date of Discharge: FEBRUARY 20, 1993
- 5. Amount Due For Hospital Charges: \$513923.50
- 6. Names and addresses of persons whom Patient, his Personal Representative, or his Attorney claims is responsible for payment of the charges arising from the illness or injury causing this Hospital Admission:

Name

Address

Name	Address

- 7. Name and Address of Patient's Attorney: SHELLY JOHNSON/HARBER & ROGERS
304 W. RT#6
VALPARAISO, IN 46368



MAR 23 8 45 AM '93
SHELLY JOHNSON/HARBER & ROGERS
RECORDER'S OFFICE

STATE OF INDIANA
LAKE COUNTY
FILED FOR

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. Mary Medical Center

By: [Signature]
INSURANCE REPRESENTATIVE
Title

cc: Indiana Department of Insurance
11 West Washington Street, Suite 300
Indianapolis, Indiana 46204-2787

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



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