93041182

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.

2. Operator of Hospital:	John Birdzel Gary,	l, 540 Tyles St Indiana 202	Ser
3. Date Of Admission:	5/28/93	mc.	တ
4. Date Of Discharge:	6/04/93	ROF	66 H
5. Amount Due For Mospital	Charges: \$13,	182.90	93
6. Names and addresses of a	11 persons whom	Patient, his	
			00п-
sible for payment of the or injury causing union	dspita Pradmissi unty Recorder!	ou:	439
Name Circ Lake Co	Address		
STATE FARM INSURANCE CO.	P.O. BC	X 1300 MERRILL	VILLE.
Darrell and Karen Sulliva	· · · · · · · ·		
Dailell and Raten Sulliva		een Street	 ··
. Name and Address of Paties	nt's Attorney:	Unknown	
THE	ER'S ON		·
			
I affirm, under the pen			
ized execute this Instrume	alties for per	yury, that I	am
and representations are tr	us and correct.		.ce-
	LAKESHORE HE	ALTH SYSTEM, I	NC.
	d/b/a St. Mar	y Medical Cent	er

cc: Indiana Department Of Insurance 311 West Wasnington 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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Title