

**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 Erie 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: RONFEL CARRENO-3002 Ruth St Apt 6  
FRANKLIN PARK, IL 60131
2. Operator of Hospital: John Birdzell, 540 Tyler St.  
Gary, Indiana
3. Date Of Admission: 12/24/93
4. Date Of Discharge: 12/25/93
5. Amount Due For Hospital Charges: \$3,637.00

6. Names and addresses of all persons whom Patient's Personal Representative, or his Attorney claim is liable for payment of the damages arising from the illness or injuries that necessitated the hospital care, treatment or maintenance referred to herein.

Name	Address
OWNER OF CAR - INSURED: JULIAN RODRIGUEZ; Driver-Ronfel Carreno; policy # 032145812 Claim # 032145812; ALLSTATE INS CO	3245 PEARL ST., FRANKLIN PARK, IL 60131 3002 Ruth St, Apt 5, Franklin Park, IL PO BOX 10249, Merrillville, In 46410
2nd ins carrier - insured	Charles Washington
7. Name and Address of Patient's Attorney: Claim # AL-412-1792501 Adjuster	1741 May St Hammond, In 46320 Cindy Enigh=LIBERTY MUTUAL Po. box 608, Mishawaka, In 46546
Driver - REGINALD WASHINGTON	

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: Dolores Flores  
Financial Counselor  
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  
Merrillville, Indiana 46410

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STATE OF INDIANA  
CLERK OF SUPERIOR COURT  
FILED  
JAN 14 1994  
ST. CATHARINE HOSPITAL